

Case Number:	CM14-0146716		
Date Assigned:	09/12/2014	Date of Injury:	08/30/2013
Decision Date:	10/15/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58-year-old female security officer sustained an industrial injury on 6/30/13. Injury occurred when she tripped and fell injuring her right elbow and knee. She subsequently underwent right knee arthroscopy with partial meniscectomy. There is no documentation of conservative treatment relative to the elbow. The 12/17/13 right elbow MRI findings documented a small soft tissue contusion along the subcutaneous tissues posteriorly. There was no evidence of fracture, dislocation or bone contusion. There was no sizable joint effusion. The visualized musculotendinous and ligamentous structures were within normal limits. The 8/20/14 treating physician report cited right elbow pain. Physical exam documented elbow range of motion 0-135 degrees with supination/pronation 90 degrees. There was some tenderness over the olecranon bursa. The diagnosis included olecranon bursitis. The treatment plan requested surgical excision of the olecranon bursa sac due to recurrent pain and inability to put her elbow against hard surfaces. She was at full duty work status. The 8/28/14 utilization review denied the right elbow surgery and associated requests as there was no documentation that conservative treatment had failed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right elbow excision of the olecranon burs sac: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 39.

Decision rationale: The California MTUS guidelines state that aseptic olecranon bursitis generally resolves without the need for surgery. Quality studies are not available on surgical treatment for aseptic olecranon bursitis and there is no evidence of its benefits. If after at least 6 weeks of conservative treatment the patient fails to show signs of improvement, surgery may be reasonable. Guideline criteria have not been met. There is no specific pain or functional assessment documented to support surgical intervention. There is no detailed documentation that comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request is not medically necessary.

Medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post operative physical therapy 2x4 weeks QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.