

<b>Case Number:</b>	CM14-0172261		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Orthopaedic Surgery and is licensed to practice in Texas. 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:

The injured worker is a 45 year old female with a date of injury on 9/28/2011. The injury occurred as a result of repetitive work activities as a probation officer. Past medical history was positive for hypertension, obesity, and sleep apnea. Past surgical history was positive for cervical fusion, right shoulder surgery, lumbar fusion, and right elbow lateral epicondyle release in December 2012. The 8/20/14 initial orthopedic consult report cited complaints of sharp right elbow pain, swelling, and tenderness. She reported no benefit with prior operative therapy and failure of conservative treatment. Right elbow exam documented a well-healed 2 inch right lateral epicondyle incision with 4+ pain to palpation. Range of motion testing documented flexion 130, extension 10, supination 70 and pronation 70 degrees with 4+ pain. Tinel's sign was negative at the elbow. Right elbow x-rays revealed multiple bony fragments in the region of the right lateral epicondyle. The treatment plan recommended a magnetic resonance imaging (MRI) of the right elbow. The surgeon opined the medical necessity of re-release right lateral epicondyle and excision of loose bodies given the multiple bony fragments and failure to achieve benefit with prior surgery. Records indicated the 9/8/14 right elbow magnetic resonance imaging (MRI) showed mild thickening of the attachment of the common extensor tendon which might represent surgical changes. The 9/10/14 treating physician progress report indicated the magnetic resonance imaging (MRI) showed a lateral epicondyle irregular loose body. The 10/1/14 treating physician progress report cited continued right elbow pain affecting daily activity. The injured worker had loss of grip strength and numbness to the finger tips. A physical exam documented positive Tinel's, decreased grip strength, painful range of motion, and crepitation on range of motion. Authorization was requested for elbow arthroscopy with loose body removal, pre-operative clearance, post-op visit, and post-op physical therapy. The injured worker was off

work. The 10/9/14 utilization review denied the right elbow surgery for loose body removal and associated requests as there was limited evidence of loose bodies on imaging.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right Elbow Loose Body Removal: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Hand Surg AM 2013 Jan;38(1): 164-7 doi: 10.1018/jhsa.2012.10.023 Elbow Arthroscopy: The Basics. Bennett JM. Source Fondren Orthopedic Group, Texas Orthopedic Hospital Houston Texas 77030 USA jmbenn01@ahoo.com last updated 01/01/2013

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bennett JM. Elbow arthroscopy: the basics. J Hand Surg Am. 2013 Jan;38(1): page(s) 164

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines do not provide recommendations for this procedure. Peer-reviewed literature indicates that elbow arthroscopy has become an accepted surgical option for treating numerous conditions of the elbow, including removal of loose bodies. Guideline criteria have not been met. There is no clear imaging evidence of loose bodies documented in the available records. An independently reviewed radiographic report of the right elbow x-rays is not available in the records provided to support the medical necessity of surgical removal. Physical exam evidence of articular dysfunction, such as locking, is not documented. Therefore, this request Right Elbow Loose Body Removal is not medically necessary and appropriate.

#### **Pre-Operative Physical Clearance: UA, CBC, Chem 7, H&P: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

#### **Post-Operative Physical Therapy Two (2) Times A Week For Six (6) Weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.