

Case Number:	CM15-0116537		
Date Assigned:	06/30/2015	Date of Injury:	09/10/2014
Decision Date:	09/10/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 25 year old male, who sustained an industrial injury on 9/10/14. The injured worker has complaints of right elbow pain. The documentation noted on examination that there is limited range of motion at the right elbow and grip strength was weaker on the right side when compared to the left side. The diagnoses have included right elbow posttraumatic stiffness; right elbow cubital tunnel syndrome and right elbow painful hardware. Treatment to date has included physical therapy; electromyography/nerve conduction velocity study showed right cubital tunnel syndrome; right elbow X-rays on 3/11/15 reveal radiocapitellar and ulnohumeral joint, no fracture is noted, a distal humeral fracture looks healed, intact plate; dyna/jazz splint and open reduction and internal fixation of right humeral shaft fracture on 9/11/14. The request was for right elbow arthrotomy, elbow contracture release, subcutaneous ulnar nerve anterior transposition, deep hardware removal; Associated surgical service: Assistant surgeon; Preoperative labs complete blood count, prothrombin time, partial thromboplastin time (PTT), international normalized ratio, chemistry panel 12; postoperative physical therapy 2-3 times a week for 4-6 weeks for the right elbow and associated surgical service, sling purchase for right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow arthrotomy, elbow contracture release, subcutaneous ulnar nerve anterior transposition, deep hardware removal: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section.

Decision rationale: According to the ODG, surgery can be considered for cubital tunnel syndrome in those who have failed conservative management for at least a 3-month trial period, to include splinting, aggressive therapy to enhance range of motion, medications, and activity modification. ACOEM suggests ulnar transposition can be considered for those who fail conservative management to treat subacute or chronic ulnar neuropathies. The injured worker still demonstrates about -30 degrees from extension about the affected elbow, and failure of conservative measures for at least 3 months to include physical therapy. He still demonstrates, pain, painful range and painful hardware with electromyographic evidence of slowing about the cubital tunnel. As such, the request is considered medically appropriate at this time.

Associated surgical service: Assistant surgeon: Overturned

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

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

Decision rationale: The requested procedure is complex. An assistant surgeon familiar with the procedure would be considered medically appropriate at present time. Therefore, the request for Assistant Surgeon is medically necessary.

Preoperative labs CBC: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

Decision rationale: According to the ODG, routine pre-operative lab work is not indicated for low risk surgical procedures and in those without significant medical co-morbid conditions that would increase peri-operative risk, including diabetes mellitus, heart failure, renal disease, and/or coronary artery disease. This claimant is undergoing an outpatient surgical procedure that is low risk, with no significant cardiovascular or other co-morbid medical conditions that could change

Peri-operative management per submitted documentation reviewed. As such, this request is not medically necessary at this time.

Preoperative labs PT, PTT, INR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

Decision rationale: According to the ODG, routine pre-operative lab work is not indicated for low risk surgical procedures and in those without significant medical co-morbid conditions that would increase peri-operative risk, including diabetes mellitus, heart failure, renal disease, and/or coronary artery disease. This claimant is undergoing an outpatient surgical procedure that is low risk, with no significant cardiovascular or other co-morbid medical conditions that could change peri-operative management per submitted documentation reviewed. As such, this request is not medically necessary at this time.

Preoperative labs Chem panel 12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

Decision rationale: According to the ODG, routine pre-operative lab work is not indicated for low risk surgical procedures and in those without significant medical co-morbid conditions that would increase peri-operative risk, including diabetes mellitus, heart failure, renal disease, and/or coronary artery disease. This claimant is undergoing an outpatient surgical procedure that is low risk, with no significant cardiovascular or other comorbid medical conditions that could change peri-operative management per submitted documentation reviewed. As such, this request is not medically necessary at this time.

Postoperative physical therapy 2-3 x 4-6 for the right elbow: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the MTUS, post-operative physical therapy for cubital tunnel syndrome, ulnar nerve entrapment is 20 visits over 10 weeks. The initial post-operative course

would include half of the number of visits as the general course of therapy (10 visits). The request as submitted would be supported for 2x4 physical therapy (8 visits) with re-evaluation after the 8 sessions of physical therapy.

Associated surgical service: Sling purchase for right elbow: Upheld

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

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

Decision rationale: The MTUS and ODG do not address slings following elbow surgery. Slings may be considered following surgery to repair large, massive rotator cuff repairs. The injured worker has no diagnoses that would justify the use of a sling post-surgery. As a result, this request is not medically necessary at this time.