

<b>Case Number:</b>	CM15-0123578		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	12/29/2014
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 43 year old male, who sustained an industrial injury on 12/29/14. The documentation noted on 5/28/15 the injured worker was for follow-up for his left elbow and reevaluation of his left shoulder pain. The documentation noted that the injured worker was quite stiff, particularly with flexion beyond about 105 degrees. The documentation noted that his range of motion is still somewhat blocked by his soft tissues. The injured worker has a known history of rotator cuff tear on the left side. The documentation noted on 6/15/15 shoulder examination revealed focal tenderness to palpation in the anterior subdeltoid region and subacromial crepitus noted with forward elevation of the shoulder beyond 90 degrees. Elbow examination revealed mild tenderness to palpation of the radiocapitellar joint, active range of motion from 5-105 degrees; he has 70 degrees pronation, distally neurovascularly. The diagnoses have included left bursitis shoulder; left shoulder impingement syndrome; left rotator cuff rupture and left bicipital tenosynovitis. Treatment to date has included magnetic resonance imaging (MRI) of the left elbow on 1/14/15 showed comminuted fracture of the coronoid process, small joint effusion versus hemarthrosis, soft tissue swelling; physical therapy; left elbow arthroscopy and medications. The request was for manipulate left elbow with anesthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulate left elbow with anesthesia:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** CA MTUS/ACOEM is silent on manipulation under anesthesia for the elbow. ODG elbow is referenced. The procedure is not recommended as the outcomes for manipulation are similar to the natural history of a stiff elbow. In this case, the request is for a procedure not recommended by the guideline and is therefore not medically necessary.