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| Case Number: | CM15-0073783 | | |
| Date Assigned: | 04/23/2015 | Date of Injury: | 08/24/2011 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/05/2015 |
| Priority: | Standard | Application Received: | 04/17/2015 |

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
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 41-year-old male injured worker suffered an industrial injury on 08/24/2011. The diagnoses included partial lateral tear collateral ligament tear with very mild laxity. On 3/19/2015, the treating provider reported the injured worker had open repair of lateral ligament, right elbow. The injured worker had evidence in the right elbow of probable instability. The Gracilis Allograft was not mentioned in the operative report. The treatment plan included Gracilis Allograft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 3/19/15 Gracilis Allograft quantity 1.00: 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) Page(s): 35.

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. In this case, surgery was

performed on 3/19/15 for lateral elbow instability. In this case, there is lack of documentation of a need for a gracilis allograft in the operative report or why primary ligament repair could not be performed. Therefore, the treatment is not medically necessary.