

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested pre-operative clearance for the approved flexor pronator mass/lateral collateral ligament repair, reconstruction of lateral/ulnar collateral ligament complex and neurolysis surgery **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/23/2013 disputing the Utilization Review Denial dated 5/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/24/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested pre-operative clearance for the approved flexor pronator mass/lateral collateral ligament repair, reconstruction of lateral/ulnar collateral ligament complex and neurolysis surgery **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 1, 2013

“Progress Report dated 4/8/2013, patient complained of Left elbow pain and stiffness. On physical exam, patient had varus/valgus instability of the left elbow with tenderness over the lateral epicondyle. Patient had range of motion in the left elbow about 90 degrees with decreased two-point discrimination of the ulnar and the median nerves. The patient was diagnosed with closed dislocation of elbow.”

“The claimant is a 58 year-old male who fell about 3 feet on asphalt on 01/29/13. He was diagnosed with a closed dislocation of the elbow and varus/valgus instability due to MRI documentation of medial and lateral support structures. Dr. [REDACTED] reviewed the case and indicated that the proposed flexor pronator mass/lateral collateral ligament repair, reconstruction of lateral/ulnar collateral ligament complex and neurolysis was certified as the claimant does heavy manual labor and elbow instability was not acceptable. He did not however feel that a preoperative medical clearance was indicated as the claimant is 59 years of age and in good health and not on any chronic medications.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 5/23/13)
- Utilization review determination (dated 5/1/13)
- National Guideline Clearinghouse, Preoperative Evaluation, Institute for Clinical Systems Improvement (ICSI); (2012) July, pg. 61

NOTE: No medical records were provided by the claims administrator, the provider, or the employee.

1) Regarding the request for preoperative clearance for flexor pronator mass/lateral collateral ligament repair, reconstruction of lateral/ulnar collateral ligament complex and neurolysis:**Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision**

The Claims Administrator referenced the National Guideline Clearinghouse, Preoperative Evaluation, Institute for Clinical Systems Improvement (ICSI); (2012) July, pg. 61, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated no section of the MTUS was applicable and relevant to the issue at dispute and referenced the Official Disability Guidelines (ODG), Treatment in Worker's Comp 18th edition, (2013), Low Back Chapter, Preoperative electrocardiogram (ECG); & Preoperative lab testing.

Rationale for the Decision:

The employee sustained injury to the left elbow due to a fall at work on 1/29/13. The information provided and reviewed in the Utilization Review determination states the employee was diagnosed with a closed dislocation of the elbow and varus/valgus instability with MRI documentation of medial and lateral support structures. The requested surgery has been certified; the issue at dispute is the preoperative clearance for the certified surgery. MTUS does not specifically address preoperative clearance. The Official Disability Guidelines do address preoperative testing for more invasive surgery of the low back. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery

and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography". Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. The criteria for preoperative clearance have not been met. The requested pre-operative clearance for the approved flexor pronator mass/lateral collateral ligament repair, reconstruction of lateral/ulnar collateral ligament complex and neurolysis surgery **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dl

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.