

Case Number:	CM13-0040222		
Date Assigned:	02/20/2014	Date of Injury:	07/19/2013
Decision Date:	04/11/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopedic 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 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:

Patient reported an industrial injury on 7/19/13. Exam notes from 10/2/13 demonstrate patient has right shoulder and right elbow pain and weakness. X-rays of the right elbow, right humerus, right shoulder and scapula show a short oblique fracture of the mid to proximal humerus with no evidence of healing. The exam notes demonstrate the patient is 11 weeks post fracture of the right humerus. Exam shows that there is free movement of the fracture site which indicates that there is no healing of the fracture. Authorization is requested on 10/2/13 for an MRI of the right shoulder and right elbow for further evaluation. (If this MRI was authorized the notes are not in the file). Request is for bone stimulator for the management of symptoms related to the right shoulder and right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BONE STIMULATOR FOR THE MANAGEMENT OF SYMPTOMS RELATED TO RIGHT SHOULDER AND RIGHT ELBOW, AS AN OUTPATIENT.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER ACUTE AND CHRONIC, BONE GROWTH STIMULATOR.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER ACUTE AND CHRONIC, BONE GROWTH STIMULATOR

Decision rationale: CA MTUS/ACOEM is silent on the issue of bone growth stimulator. Per the ODG, Shoulder Chapter on bone growth stimulators, it is recommended as an option for nonunion of long bone fractures after a minimum of 90 days from time of original fracture. As the request is for a bone growth stimulator under the 90 day time period, the determination is for non-certification