

Case Number:	CM14-0102071		
Date Assigned:	07/30/2014	Date of Injury:	05/09/2014
Decision Date:	09/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review, indicate that this 49-year-old male was reportedly injured on May 9, 2014. The mechanism of injury was noted as a blunt force trauma involving the right upper extremity. The most recent progress note, dated July 29, 2014, indicated that there were ongoing complaints of right upper extremity pain, radiating into the lower lumbar region. The physical examination demonstrated a 5'6", 172 pound individual who is hypertensive (144/94). A well healed surgical scar was noted. There was diffuse tenderness to palpation. Right shoulder range of motion was markedly reduced. A full range of motion of the right elbow was also reported. Motor function was noted to be 5/5 throughout the bilateral upper extremities. Deep tendon reflexes were 2+ intact throughout both upper extremities and no sensory losses reported. Diagnostic imaging studies objectified the fracture fragments to be in place. Repeat MRI was pending. Previous treatment included surgical intervention, postoperative physical therapy and pain management intervention. A request was made for a bone growth stimulator and was not certified in the pre-authorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE STIMULATOR: 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 (knee) updated July 2014.

Decision rationale: This item is not addressed in the MTUS or ACOEM guidelines. The parameters noted in the ODG are applied. The elbow chapter forwards to the knee chapter and addresses long bone fractures. The clinical indication for a bone growth stimulator requires a nonunion of the fracture. There is no objective data presented suggesting that a nonunion has occurred. As such, based on the limited clinical information entered by the parameters noted in the ODG, there is insufficient clinical evidence to suggest the medical necessity of this device.