

Case Number:	CM14-0022957		
Date Assigned:	05/14/2014	Date of Injury:	08/01/2012
Decision Date:	10/13/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/24/2014

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 Orthopedic Surgery, and is licensed to practice in Maryland. 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 injured worker is a 47 year old male whose date of injury is 08/01/2012. The mechanism of injury is described as carrying an air conditioning unit up a ladder. The injured worker underwent left elbow lateral fasciectomy on 10/10/13. Progress report dated 01/08/14 indicates that he feels close to 100% improvement with respect to the lateral aspect of the left elbow after surgery; however, he is having pain over the left biceps.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pad water circulating heat unit replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Cold packs

Decision rationale: Based on the clinical information provided, the request for pad water circulating heat unit replacement is not recommended as medically necessary. There is no clear rationale provided to support the request. There is no current, detailed physical examination submitted for review. The injured worker underwent surgical intervention in October 2013; however, there is no comprehensive assessment of treatment completed to date or the injured

worker's response thereto submitted for review. There is no support for the request in the Official Disability Guidelines Elbow Chapter.

Pneumatic appliance half arm: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Vasopneumatic devices

Decision rationale: Based on the clinical information provided, the request for pneumatic appliance half arm is not recommended as medically necessary. The Official Disability Guidelines note that vasopneumatic devices are recommended as an option to reduce edema after acute injury. The injured worker's date of injury is August 2012 and the injured worker is in the chronic phase of treatment. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.

Pro-sling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Splinting (padding)

Decision rationale: Based on the clinical information provided, the request for Pro-Sling is not recommended as medically necessary. There is no current, detailed physical examination submitted for review and no clear rationale is provided to support the requested sling at this time. The injured worker underwent surgical intervention in October 2013. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.