

Case Number:	CM14-0063914		
Date Assigned:	09/05/2014	Date of Injury:	02/15/2014
Decision Date:	03/25/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/06/2014

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. 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, Sports Medicine

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 27-year-old male who reported an injury on 02/15/2014. The mechanism of injury was the injured worker was attempting to lift a heavy object (stated to possibly be a cart) due to the lift at work being broken. Prior therapies were not provided. The injured worker's medications included Norco, ibuprofen, and Zofran. The physical examination of 03/18/2014 revealed the injured worker had pain and tenderness at the distal biceps tendon. The elbow was stable. The injured worker was noted to be an active weight lifter and had a very active lifestyle. The injured worker was noted to undergo an MRI, which revealed a substantial and significant tear involving the distal biceps tendon with greater than 50% detachment of the tendon involved. The treatment plan included an open repair of the right distal biceps tendon. There was no Request for Authorization submitted for review. The injured worker underwent a right distal biceps tendon repair on 04/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermal Compression Unit x 21 Days Rental: 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) Shoulder Chapter, Continuous-flow cryotherapy, Knee & Leg Chapter, Venous thrombosis, Compression garments.

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is recommended after surgery, but not for nonsurgical treatment. Postoperative use is generally up to 7 days. Additionally, the guidelines indicate that injured workers should be assessed for venous thrombosis and provided oral prophylaxis if necessary, and compression stockings are appropriate as a preventative measure for DVT. The rationale for the use of the unit was not provided. There was a lack of documentation indicating a necessity for a 21 days rental. There was no documentation of a DVT evaluation. Given the above and the lack of clarification and documentation to support necessity, the request for thermal compression unit x21 days is not medically necessary.

Shoulder CPM Machine x 21 Day Rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous Passive Motion (CPM).

Decision rationale: The Official Disability Guidelines indicate that continuous passive motion is not recommended for shoulder rotator cuff problems, but it is recommended for adhesive capsulitis. The clinical documentation submitted for review indicated the injured worker had a distal biceps injury. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for shoulder CPM machine x 21 days rental is not medically necessary.