

Case Number:	CM15-0109929		
Date Assigned:	06/16/2015	Date of Injury:	03/19/2015
Decision Date:	07/15/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/08/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 25 year old male, who sustained an industrial injury on 3/19/15. He reported a left elbow injury following slipping falling. The injured worker was diagnosed as having comminuted olecranon fracture with fragment separation. Treatment to date has included oral medications including Norco, elbow splint/sling and activity restrictions. X-ray of left elbow revealed displaced olecranon fracture of left elbow. Currently, the injured worker complains of burning sensation on the left elbow with occasional sharp pain and radiation to left bicep and left forearm. He is currently not working. Physical exam noted ecchymosis of posterior aspect of left upper arm and arm in splint. Range of motion was not performed due to fracture. The treatment plan included open reduction internal fixation of olecranon fracture, pre- op labs, post op physical therapy and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DME Intermittant limb compression device x 1, venaflo calf cuff x 2 for the left elbow -rental (3/26/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, upper extremity surgery.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG does not recommend compression garments of upper extremity post-surgery due to the low chance of DVT after upper extremity surgeries. Therefore the request is not certified.