

<b>Case Number:</b>	CM15-0131878		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	08/15/2014
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: California, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 (IW) is a 56-year-old female who sustained an industrial injury on 08/15/2014. Diagnoses/impressions include right humerus fracture nonunion. Treatment to date has included medications, surgery, home exercise and physical therapy. According to the progress notes dated 5/29/15, the IW reported right shoulder and elbow pain. She stated it felt like there was something snapping in her arm. On examination, the right upper extremity was shortened; the elbow was stated to be an inch shorter. Gross motion was noted at the fracture site. The right hand was warm, there was a good radial pulse and the radial nerve was functional. The CT scan of the right upper arm on 5/19/15 showed healing of the proximal humerus fracture with atrophic nonunion of the distal fracture and a long spiral fracture. The treatment plan was for open reduction internal fixation of the right humerus fracture. A request was made for possible bone marrow aspirate, hospital stay of one to two days, Vascutherm CTU (cold therapy unit) (14 day rental), and a Bledsoe Arc sling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Possible bone marrow aspirate:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gross, Jean-Baptiste, et al. "Percutaneous autologous bone marrow injection for treatment of delayed and non-union of long bone: A retrospective study of 45 cases." Bio-medical materials and engineering 25 (2015): 187-197.

**Decision rationale:** CAMTUS/ACOEM and ODG are silent on bone marrow aspirate for the treatment of non-union. Alternative reference is used. Bone marrow aspirate for non-unions seems to be a safe and moderately effective treatment strategy in lieu of open grafting. In this case, open ORIF and iliac crest bone grafting is approved. In light of this, the alternative procedure is not medically necessary.

**Associated Service: Inpatient hospital stay, 1-2 days:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hospital length of stay (LOS) 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.

**Decision rationale:** CA MTUS/ACOEM is silent on length of stay for humerus ORIF. ODG is referenced. ODG hospital length of stay (LOS) guidelines:ORIF Broken Arm (icd 79.31 - Open reduction of fracture with internal fixation, humerus). Best practice target (no complications) - 3 days. In this case, the request is keeping with guidelines, and is medically necessary.

**Associated Service: Durable medical equipment (DME) vascutherm CTU (cold therapy unit), 14 day 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 (ODG), Cold Therapy Unit.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy with compression for deep vein thrombosis prophylaxis for shoulder surgery. ODG Shoulder states cold compression devices are not recommended in the shoulder due to lack of clinical evidence of efficacy. CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for up to 7 days. In this case, the requested duration exceeds the guideline recommendations. In this case, the request is for a treatment not recommended. Based on this, it is not medically necessary.

**Associated Service: Durable medical equipment (DME) bledsoe arc 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) shoulder.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of abduction pillow. Per the ODG criteria, abduction pillow is recommended following open repair of large rotator cuff tears but not for arthroscopic repairs. In this case, there is no indication for need for open rotator cuff repair and therefore request is not medically necessary.