

Case Number:	CM15-0220103		
Date Assigned:	11/13/2015	Date of Injury:	05/12/2014
Decision Date:	12/24/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/09/2015

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: Illinois, California, Texas
 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:

This injured worker is a 56-year-old male who sustained an industrial injury on 5/12/14. Injury occurred when he was sucked into a machine resulting in bilateral shoulder fractures, right clavicle fracture, bilateral upper extremity fractures with degloving, and right ear avulsion. Past medical history was positive for benign prostatic hypertrophy, gastroesophageal reflux disease, asthma/reactive airway disease, hypertension, depression, anxiety, and posttraumatic stress disorder. The 4/23/15 treating physician report cited continued pain in the mid-ulna area of the right arm. Pain from the other fractures appeared to be improving. Right arm exam documented tenderness over the mid-ulna area. X-rays were obtained and showed non-union healing of the right ulna fracture. Surgery was recommended for bone graft and extending plating of the right ulna to fix the non-union. A post-operative bone growth stimulator was recommended. He underwent open reduction and internal fixation right ulna with bone graft and manipulation under anesthesia of the right shoulder on 5/14/15. The 9/10/15 treating physician report cited continued bilateral arm weakness and difficulty with ulnar flexion bilaterally. He had been in therapy for both forearms. Physical exam documented noticeable weakness with ulnar flexion, normal sensation and abduction of all digits of the hand. There was 60 degrees of supination on the left. X-rays showed a possible new fracture of the left radius, just proximal to the plate. The injured worker was to return in 4 weeks for repeat x-rays of the left forearm. He was to continue current physical therapy. The 10/1/15 treating physician report cited pain and popping in the area of the left proximal radius, increasing with increasing activity. Physical exam documented tenderness and popping of the left proximal radius. It was obvious that there was movement of

the radius with range of motion and the movement was right above the hardware. The diagnosis was non-union of the left proximal radius. Authorization was requested for left proximal radius/forearm bone grafting and internal fixation and a post-operative bone stimulator unit for optimal healing of the graft. The 10/13/15 utilization review non-certified the request for left proximal radius/forearm bone grafting and internal fixation and a post-operative bone stimulator unit as there was no current radiographic evidence to support the diagnosis of non-union.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Fixation and Bone Graft, left proximal radius/forearm: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Forearm, hand & wrist, open reduction internal fixation.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand: Open reduction internal fixation (ORIF).

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who fail to respond to conservative management, and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The Official Disability Guidelines recommend open reduction and internal fixation (ORIF) as an option for fractures when radiographic evidence indicates a displaced fracture or comminuted fracture, or an open fracture with bone protrusion. Guideline criteria have been met. This injured worker sustained bilateral upper extremity fractures and underwent open reduction and internal fixation. He reported an increase in left proximal radius pain and onset of popping. X-rays showed a possible new fracture just proximal to the plate. Clinical exam findings are consistent with a fracture above the plate. Therefore, this request is medically necessary.

Post operative Bone Stimulator unit for left proximal radius/forearm: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Forearm, hand & wrist, Bone growth stimulators, electrical.

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 & Hand: Bone growth stimulators, electrical.

Decision rationale: The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines provide specific criteria for the use of electrical bone growth stimulators for non-union of long bone fracture that include the two portions of the bone involved in the non-union are separated by less than 5 mm, located in the appendicular

skeleton, the bone is stabilized by means of a cast or fixation, and a minimum of 90 days has elapsed from the time of the original fracture. Serial radiographs over three months are required showing no progressive signs of healing. Guideline criteria have reasonably been met. Records documented a new fracture over the left radius above the other fracture site. The fracture was approximately 30 days old at the time of this request. In the setting of prior bony healing issues. This request for a bone growth stimulator is medically necessary.