

<b>Case Number:</b>	CM13-0001756		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	06/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 40 year old male with date of injury 4/12/13. The treating physician report dated 6/6/13 indicates that the patient presents with pain affecting the left 5th metatarsal following left foot fracture. The current diagnoses are: 1. Fifth metatarsal fracture. 2. Atrophic non-union. The utilization review report dated 6/19/13 denied the request for Exogen Ultrasonic Bone Growth Stimulator for purchase based on the rationale that there was lack of medical information to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EXOGEN ULTRASONIC BONE GROWTH STIMULATOR FOR PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG ANKLE AND FOOT (UPDATED 5/6/13) - BONE GROWTH STIMULATORS, ULTRASOUND.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**Decision rationale:** The patient presents with continued pain and non-union regarding fracture of the left 5th metatarsal. The x-ray report dated 4/15/13 states there is a displaced, shortened

ray, complete fracture through the fifth metatarsal distal diaphysis. Follow up x-ray dated 4/25/13 reveals displaced shaft fracture at the 5th metatarsal with some shortening evidenced by the MTP joints, recommendation from podiatry consultation is surgical reduction. The Treating physician report dated 6/6/13 indicates the patient has been wearing a boot, utilizing crutches and trying to quit smoking with continued pain affecting the left 5thmetatarsal. The x-rays taken on 6/6/13 indicate atrophic non-union. Recommendation from the treating orthopedist was exogen bone stimulator. The MTUS guidelines do not address bone growth stimulators. The ODG guidelines under the Ankle and Foot chapter (updated 3/26/14) do recommend bone growth stimulators, ultrasound: "Recommended as an option for non-union of long bone fractures or fresh fractures with significant risk factors." The treating physician has documented that the patient's fracture of the 5th metatarsal was not healed 7 weeks post injury and showed atrophic non-union. The Ankle and Foot chapter states;" See the Knee Chapter for specific indications." The criteria for bone growth stimulator, ultrasound states: "Non unions: Low intensity ultrasound treatment may be considered medically necessary in patients with nonunion of bones, excluding the skull and vertebrae, when all of the following criteria are met: (1) At least three months have elapsed since the date of fracture and the initiation of conventional fracture treatments; (2) Serial x-rays have confirmed that no progressive signs of healing have occurred; (3) The fracture gap is one centimeter or less; & (4) fracture is adequately immobilized." The patient is only 7 weeks post fracture which is less than the recommended 12 weeks. Recommendation is for denial.