

Case Number:	CM13-0013725		
Date Assigned:	12/11/2013	Date of Injury:	07/03/2013
Decision Date:	01/28/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/19/2013

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 licensed in Podiatric Surgery and is licensed to practice in New York. 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:

According to the submitted medical records, the employee sustained an injury to her left foot on 7/3/13. It was noted on x-ray that the employee had a left foot Jones fracture to the 5th metatarsal base. She was immobilized in a walking boot and asked to minimize weight bearing. As of 8/2/13, x-rays demonstrated periosteal reaction to the fracture site, with pain and edema to the left foot 5th metatarsal base area. During this visit the employee was placed in a fiberglass cast and asked to remain non weight bearing. An Exogen ultrasound bone healing system was recommended on the basis that the employee is at risk for non union due to co-morbidities. X-rays performed on 9/30/13 continued to show periosteal reaction to the 5th metatarsal base with remaining lucency to the fracture site. Continued pain and edema to the area were also noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exogen ultrasound bone healing system: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: The guidelines state that coupled electrical stimulation or impulse compression is an optional treatment for a foot fracture. According to the guidelines, there is at least one adequate scientific study involving the use of electrical stimulation in the treatment of individuals with foot or ankle complaints. The submitted medical records indicate that the patient was placed in a fiberglass cast and asked to remain non weight bearing to the fractured foot. The Exogen ultrasound bone healing system has been recommended due to the fact that the patient presents with co-morbidities that could possibly inhibit bone healing. The requested Exogen ultrasound bone healing system is medically necessary and appropriate.