

Case Number:	CM13-0019545		
Date Assigned:	10/11/2013	Date of Injury:	01/17/2013
Decision Date:	01/08/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Podiatrist 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 physician 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 49-year-old male who sustained an occupational injury on 01/18/2013 after walking with his backpack on unlevel ground, when he twisted his right ankle and felt mild pain. The patient continued working throughout the day and noticed an increase in pain and swelling of his right foot and ankle when he got home. X-rays were done of the right ankle and the patient was started on a course of 12 physical therapy sessions. Nabumetone was prescribed and the patient was given an ankle brace, crutches, and a cane. The patient was then placed in a boot walker and was continued on regular work duties. An MRI was subsequently done on 03/28/2013 and the patient was referred for orthopedic consultation. The patient was diagnosed with nondisplaced comminuted fracture along the dorsal medial base of the 3rd and 4th metatarsal bones with mild surrounding edema.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Growth Stimulator for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Official Disability Guidelines Treatment, 18th Edition, 2013 Updates, chapter knee..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Official Disability Guidelines Treatment, 18th Edition, 2013 Updates, chapter knee..

Decision rationale: The California MTUS/ACOEM Guidelines are silent on the role of bone growth stimulator. The Official Disability Guidelines (ODG) states, the use of a bone growth stimulator is not recommended as medically necessary. Bone growth stimulators are recommended for fresh fractures or for long bone fractures for which 90 days of lapsed conservative care failed to demonstrate significant healing on serial radiographs. According to the documentation presented for review from 06/12/2013, the employee has been treated for metatarsal fracture of the 3rd and 4th of the right foot. While subjective documentation does indicate the employee has had difficulty with ambulating and taping of the forefoot has seemed to help, the fractures being treated are not fresh fractures and there is a lack of evidence to indicate if the employee has had a nonunion of any long bone fractures or recent ankle fusion surgery. The request for a Bone Growth Stimulator for 3 months is not medically necessary and appropriate.