

Case Number:	CM13-0025755		
Date Assigned:	11/20/2013	Date of Injury:	01/06/2011
Decision Date:	03/04/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/16/2013

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 Orthopedic Surgery 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 claimant is a 47-year-old female who was injured in a work related accident on January 6, 2011. The clinical records for review include an August 28, 2013 operative report indicating the claimant underwent a right knee arthroscopy, debridement, open lateral release with open tibial osteotomy with ACI implementation to the medial femoral condyle. Documentation includes the need for postoperative use of a bone growth stimulator in regards to the above procedure with initial request for a two month rental or eight weeks, following the claimant's right knee procedure. Further clinical information in this case is not relevant to the request at hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

two month postoperative rental of a bone growth stimulator for the right knee: 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), Knee & Leg Chapter, Bone Growth Stimulators.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Bone Growth Stimulators.

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines, bone growth stimulators are not typically recommended in the initial postoperative period with the exception of multilevel fusion procedures to the cervical and lumbar spine. The clinical criteria would recommend the role after initial course of healing in the acute stage of fracture to long bones. The clinical Guidelines would not indicate their use for ACI implantation or a tibial osteotomy which apparently was performed in this case on August 28, 2013. The specific request for a bone growth stimulator for the specific diagnosis in question would not be indicated.