

<b>Case Number:</b>	CM13-0028706		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	12/01/1999
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 patient is a 60-year-old female who sustained an injury to the ankle on 12/01/99. A recent 08/23/13 assessment by [REDACTED] indicated that on 06/02/13 the claimant's left knee gave out, status post a 06/07/12 surgical arthroscopy. The "giving out" of the knee resulted in a left distolateral malleolar fracture that was treated conservatively. Clinical assessment on 08/23/13 showed radiographs, which were fluoro scanned radiographs of the left ankle that were interpreted as delayed, possible nonunion of the distal fibular fracture with the tibiotalar joint appearing to be "within normal limits." Given the continued complaints of pain and the claimant's imaging findings, an exogenic bone growth stimulator was recommended at that time for further treatment. The claimant was to continue with use of a CAM walking boot and weightbearing as tolerated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exogen bone stimulator:** 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).

**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:** California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking at Official Disability Guidelines criteria, the request for exogenic bone growth stimulator would not be indicated. The claimant at the time of this specific request was less than three months following time of injury with no documentation of serial radiographs demonstrating widened portion of bone or nonunion. The absence of documentation of serial radiographs in the timeframe from fracture at the time of request for the device would fail to necessitate the use of a exogenic bone growth stimulator at present. This specific request would not be indicated.