

<b>Case Number:</b>	CM13-0032279		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	04/26/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, 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 58 year old male who was injured on 06/27/2013. The patient had a crush injury to his left leg at work between a forklift and a pole. This resulted in a left open tibia and fibular fracture with vascular damage of the left anterior tibial posterior tibial arteries and peroneal artery thrombosis. Prior treatment history has included Glimepiride, metformin, Percocet, Gabapentin, lisinopril, Miralax, and Lovenox. The patient underwent left leg irrigation and debridement, left tibia intramedullary nail on 06/27/2013. Diagnostic studies reviewed include computed radiography (CR) of the left tibial/fibular performed on 08/29/2013 revealed stable fracture fixation of the lower leg interval healing changes. CR left ankle AP and Lateral oblique performed on 07/18/2013 revealed ORIF of comminuted distal tibia fracture; comminuted distal femur fracture is again identified with unchanged alignment. There is mild diffuse soft tissue swelling. CR left femur performed on 07/18/2013 revealed no acute fracture or dislocation. Computed tomography (CT) angio of left lower extremity performed on 06/27/2013 revealed abrupt cut-off of the anterior tibial, posterior tibial, and peroneal arteries at the level of the patient's left tibial and fibular comminuted metadiaphyseal fractures. There is active contrast extravasation from the peroneal artery with associated hematoma and soft tissue emphysema; diverticulosis; prostatic calcifications. CR left knee performed on 06/27/2013 revealed no evidence for an acute fracture or dislocation. CR left ankle complete, CR tibia/fibula performed on 06/27/2013 showed comminuted fractures of the distal tibia and fibula with posterior displacement of both distal fracture fragments. Supplemental Report dated 08/29/2013 indicated the patient has an open fracture of tibia then IM rod. The x-ray today is satisfactory. There is no significant healing yet at this time. He has increased his weight bearing to 40 pounds. Physical exam revealed his wounds were looking good. The recommendation for this patient is a bone stimulator, EMG, NCV as he has a partial foot drop. Supplemental Report dated 11/08/2013

stated the patient is coming up to five months status post IM rod of tibia and now he has got definite callus. He is going to weightbear as tolerated now. His EMG nerve conduction study came back and shows he has got some partial damage in the peroneal nerve distally. Currently he has got some partial damage in the peroneal nerve distally. Currently, he has got no dorsiflexion of the EHL but has ankle, dorsiflexion is pretty good and toe dorsiflexion apart from EHL which is weak. In the meantime, the patient is unfit for work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **BONE GROWTH STIMULATOR FOR LEFT LEG: 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), Section Bone Growth Stimulators (BGS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic), Electrical Bone Growth Stimulator use

**Decision rationale:** According to the ODG Guidelines for the use of electrical bone growth stimulators, there must be definitive evidence of delayed or impaired healing with no sign of progress. According to the medical documentation and last note on 11/08/2013, there is noted to be definite callus formation, indicating ongoing healing. Based on the documented presence of bone formation and healing, the request for a bone growth stimulator is non-certified