

Case Number:	CM13-0046097		
Date Assigned:	12/27/2013	Date of Injury:	05/10/2013
Decision Date:	04/18/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 Board Certified in Physical Medicine and Rehabilitation, 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 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:

This 61-year-old sustained a hip injury from a fall on May 10, 2013, while employed by [REDACTED] International Inc. Request under consideration include a bone growth stimulator purchase. The patient is status post right femoral neck fracture with reduction internal fixation (ORIF) on May 10, 2013. Report noted review of undated x-rays noting "still no confirmation of healing but no collapse." The patient was 50% weight bearing with walker/crutches with initial physical therapy evaluation with care plan on May 21, 2013. Report of August 28, 2013, from the provider noted occasional groin pain and right hip pain; perhaps overall better now than earlier. Discussion included possible total hip arthroplasty, delayed union possibly becoming non-union. Diagnosis was hip fracture. The request for bone growth stimulator was non-certified on October 23, 2013, noting lack of clarification and information as the medical records were limited and/or illegible to determine diagnosis and treatment recommendation appropriateness.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE GROWTH STIMULATOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip Chapter, Bone Growth Stimulators Section, page 239, and Ultrasound Section, page 286.

Decision rationale: Review noted report from provider dated October 9, 2013, documenting "XR: Healing evidence! No sclerotic border anymore; No AVN as of now. The patient was advanced from 50% to 75% weight-bearing. Report of November 20, 2013, from the provider noted CRPP Right hip; has been protected WB due to delayed union; pain only at buttock, lateral hip/thigh; No complaints of groin pain. X-rays today: "screws intact; no displacement; appears healed." Treatment plan was weight-bearing at tolerated in right lower extremity. There is an appeal letter from the provider dated December 2, 2013, noting due to his length of time, his lack of response to conservative treatment as well as the severity of the fracture which disrupted his blood flow to the fracture site, the Exogen ultrasound bone healing system was prescribed to be appropriate and necessary for the best chance of healing without further complication and/or delay. Report of January 22, 2014, was limited noting patient with groin pain only if he overdoes it; otherwise only with right buttock pain. Exam only documented patient ambulates with limp, stiff. Needs PT for ROM/strengthening. Note dated March 26, 2014, noted patient to be off work and needed Physical therapy for strengthening. The ODG states bone-growth stimulators may be appropriate for diagnoses of non-unions, failed fusions, and congenital pseudo-arthritis where there is no evidence of progression of healing despite appropriate fracture care after at least 3 months. Criteria include Non-union of long bone fracture with delayed healing whereby the two portions of the bone involved are separated by less than 1 centimeter, be located in the appendicular skeleton, minimum of 90 days elapsed from original fracture, and the bone is stable at both ends by means of cast or fixation. Although the patient met some of the criteria, x-rays did not identify distance of separation and most importantly, it appears from subsequent reports from the provider that the fracture has healed by x-rays (report from November 20, 2013) and has been full weight bearing, participating in the physical therapy program. The request for the purchase of a bone growth stimulator is not medically necessary or appropriate.