

<b>Case Number:</b>	CM13-0057953		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Illinois. 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:

The patient is a 24-year-old female who reported an injury on 08/23/2013. The patient was reportedly injured when she rolled her foot while chasing a student. The patient is currently diagnosed with right foot 5th metatarsal fracture. The patient was seen by [REDACTED] on 10/21/2013. The patient reported persistent pain in the medial ankle. Physical examination revealed intact sensation, normal range of motion, and normal pulses. The patient was currently utilizing a cast. Treatment recommendations included a Cam walker, as well as a bone stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EXOGEN ULTRASOUND BONE STIMULATOR QTY: 1.00: 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) Ankle & Foot Chapter, updated 8/19/2013, Bone growth stimulators, ultrasound and Official Disability Guidelines (ODG) Ankle & Foot Chapter, updated 6/07/2013, Bone growth stimulators, ultrasound.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Ankle & Foot Chapter, Bone growth stimulators, ultrasound

**Decision rationale:** Official Disability Guidelines state ultrasound bone growth stimulators are recommended as an option for non-union of long-bone fractures or fresh fractures with significant risk factors. As per the documentation submitted, the patient does not appear to meet criteria for the requested service. There are no plain films demonstrating non-union of a fracture. There is also no evidence that this patient falls under a high risk category. The patient's physical examination did not reveal any significant musculoskeletal deficit. Based on the clinical information received and Official Disability Guidelines, the request is non-certified.