MAXIMUS Federal Services

Case Number:	CM13-0071917		
Date Assigned:	07/28/2014	Date of Injury:	07/02/2013
Decision Date:	08/28/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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 Orthopaedic 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 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 60-year-old male sustained an industrial injury on 7/2/13. Gradual onset of foot pain was reported with work shoes. The patient was diagnosed with metatarsalgia with suspected plantar fasciitis. Conservative treatment included shoe modification, orthotics, activity modification, and medication. Past medical history was negative. The 11/19/13 right foot MRI impression documented severe degenerative changes in the first metatarsophalangeal joint, particularly between the medial sesamoid and the head of the metatarsal. This could be due to degenerative marrow edema and sclerosis but avascular necrosis of the sesamoid could not be excluded, although not likely. The 11/25/13 podiatry chart note cited right forefoot and heel region pain with occasional difficulty walking. The diagnosis was plantar fasciitis, non-traumatic. A request was submitted for a bone growth stimulator for the current condition at the first metatarsal region in hopes of avoiding surgical intervention. The 12/13/13 utilization review denied the request for bone growth stimulator as guideline criteria were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Growth Stimulator (Exogen 400 - Smith & Nephew) Right Foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS guidelines are silent regarding ultrasonic bone growth stimulators. The Official Disability Guidelines support the use of bone growth stimulator as an option for non-union of long bone fractures or fresh fractures when there are significant risk factors for delayed fracture healing or non-union, including diabetes, osteoporosis, steroid therapy, currently smoking, or fracture associated with extensive soft tissue or vascular damage. Guideline criteria have not been met. There is no clear imaging evidence of a fracture. There are no significant risk factors for delayed fracture healing documented. Therefore, this request for bone growth stimulator (Exogen 400 - Smith & Nephew) for the right foot is not medically necessary.