

Case Number:	CM14-0000703		
Date Assigned:	01/17/2014	Date of Injury:	11/01/2010
Decision Date:	06/13/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/02/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 48 year old male who reported an injury on 11/01/2010. The injured worker was seen for an evaluation on 11/19/2013. The injured worker had a nonunion of the left 10th rib which was injected at one point; however, it did not provide significant benefit to him. The plan was for a bone stimulator. There was not a request for authorization for medical treatment submitted with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DONJAY BONE GROWTH 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), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Bone Growth Stimulator.

Decision rationale: The Official Disability Guidelines note bone growth stimulators are under study. There is conflicting evidence, so case by case recommendations are necessary. Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases. There is no consistent medical evidence to support or refute use of these devices for improving

patient outcomes. The injured worker does not have any clinical evidence of spinal fusion and the request fails to note where the device is to be placed. The provider did not include recent x-ray reports to demonstrate the injured worker had a nonunion fracture and to demonstrate the width of the fracture remaining. Therefore, the request is not medically necessary.