

Case Number:	CM14-0001537		
Date Assigned:	01/08/2014	Date of Injury:	06/12/2012
Decision Date:	03/24/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/06/2014

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 Orthopedic 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 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 claimant is a 52 year old male injured in a work related accident June 12, 2012. The clinical records available for review indicate injury to the left foot. A left foot MRI scan was performed October 3, 2013 that showed post operative change to the cuneiform and first through third metatarsal basis consistent with a Lisfranc injury in the claimant's prior trauma. There was no evidence of acute marrow edema or fracture or suspected loose fragment. Followup assessment of November 18, 2013 showed the claimant to be with continued complaints of discomfort with a diagnosis of a failed Lisfranc arthrodesis. Imaging at that time was not noted orthopedic assessment showed tenderness to palpation. The treating physician indicated longitudinal metatarsal position showed failure and further operative intervention was recommended for definitive management. Surgical process in the form of a redo left foot arthrodesis with and assistant surgeon and use of a postoperative bone growth stimulator was recommended for the claimant's left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone stimulator for the left 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013

Decision rationale: The CA MTUS Guidelines are silent. When looking at the Official Disability Guidelines the role of bone growth stimulator for the claimant's left foot for second operative procedure in regards to arthrodesis is not indicated. The guidelines do not recommend the role of initial use of bone growth stimulator following surgical procedures. Bone growth stimulators are only recommended in situations involving nonunion where lack of progressive healing following three months of measures. The acute need for the role of a bone growth stimulator at the time of the claimant's revision fusion procedure would not be indicated.