

Case Number:	CM14-0001611		
Date Assigned:	01/22/2014	Date of Injury:	01/18/2013
Decision Date:	06/19/2014	UR Denial Date:	12/28/2013
Priority:	Standard	Application Received:	01/06/2014

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 Podiatric Medicine 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:

The injured worker is a 68-year-old female who reported injury on January 18, 2013. The mechanism of injury was the injured worker was walking towards the kitchen area and her right shoe become stuck on the floor; the injured worker lost her balance and was able to break her fall by holding onto a rail and her right foot twisted and she had a popping sensation. The injured worker underwent an MRI of the right foot on October 9, 2013 which revealed 1st through 4th metatarsal phalangeal joint effusions and a subchondral cyst within the 1st metatarsal head. There were no other significant findings. The documentation of December 11, 2013 revealed the injured worker had a considerable amount of pain where she could hardly walk more than 20 feet without pain to the foot. The vascular examination revealed dorsalis pedis and posterior tibial pulses were +2/4 and within normal limits. The injured worker had a capillary refill of less than 3 seconds. The injured worker had no epicritic sensation loss identified. Deep tendon reflexes for the Achilles and patellar tendons were +2/4. The diagnosis was nonunion fracture of the 5th metatarsal right foot. The treatment plan was an open reduction and internal fixation of the 5th metatarsal nonunion with clear indication for surgery as well as the use of a bone stimulator postoperatively to allow resolute healing and improvement of the 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 RIGHT FOOT FIFTH METATARSAL: 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) Ankle & Foot Chapter, Bone Growth Stimulators

Decision rationale: The Official Disability Guidelines indicate that bone growth stimulators are recommended as an option for nonunion of long bone fractures. The clinical documentation indicated the injured worker was approved for an open reduction and internal fixation of the 5th metatarsal for nonunion. There was a lack of documentation indicating exceptional factors to support the necessity for both an internal open reduction and internal fixation and a bone growth stimulator. Given the above, the request is not medically necessary.