

Case Number:	CM14-0005929		
Date Assigned:	02/05/2014	Date of Injury:	11/09/2012
Decision Date:	06/20/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/15/2014

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 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 33-year-old male dog sitter sustained an industrial injury on 11/13/12 when he lost his balance and fell 10-12 feet off a ladder, landing on his feet. He was diagnosed with a left calcaneal comminuted compression-type intra-articular fracture, extending to the posterior subtalar and calcaneocuboid articulations, with bone fragments about the flexor hallucis longus tendon. He underwent open reduction and internal fixation on 12/6/12 with progressive healing of the fracture noted on serial radiographs. The 10/18/13 treating physician progress report cited continued and worsening left foot pain. Physical exam findings documented a limp and mild tenderness with walking, inability to toe gait, pain with heel gait, and tenderness at the subtalar joint and talocuboid bone. Recent x-rays showed degenerative changes of the subtalar joint and calcaneocuboid joint. A left calcaneocuboid and subtalar joint repair was recommended. The patient underwent removal of previous hardware and arthrodesis of the calcaneocuboid and subtalar joint on 11/21/13. An ultrasound bone growth stimulator was requested for post-operative use. Records indicated that the past medical history was negative and the patient had never smoked.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 EXOGEN ULTRASOUND BONE HEALING SYSTEM: 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 (Acute & Chronic).

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, Bone Growth Stimulators, Ultrasound.

Decision rationale: Under consideration is a request for an Exogen ultrasound bone healing system. The California MTUS guidelines are silent regarding ultrasonic bone growth stimulators. The Official Disability Guidelines state that limited studies showed that patients who received post-operative low-intensity ultrasound following ankle fusion showed a significantly faster healing rate. Guidelines support the use of bone growth stimulator for 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. Bone growth stimulator may be supported for non-unions with serial radiographic evidence that no progressive signs of healing have occurred, over at least 3 months. Guideline criteria have not been met. There is no evidence that this patient has any significant risk factors for delayed fracture healing or non-union to support the medical necessity of any type of bone growth stimulator at this time. Therefore, this request for one Exogen Ultrasound One Healing System is not medically necessary.