MAXIMUS Federal Services

Case Number:	CM14-0009741		
Date Assigned:	02/21/2014	Date of Injury:	01/18/2013
Decision Date:	06/25/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/27/2014

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 licensed in podiatric surgery and is licensed to practice in New York. 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:

According to the enclosed information, this patient sustained a right sided closed fifth metatarsal fracture on 1/18/2013. On 2/4/2013, a request by a physician was made for a referral to podiatry for mal union of fracture 5th metatarsal right side. Treatment has included immobilization, physical therapy, and acupuncture. On 4/15/2013 patient states that the right foot is "feeling much better." On 5/28/2013 there is a progress note stating that x-rays reveal "an oblique fracture of the fifth metatarsal shaft with abundant callous healing." On 12/11/2013, there is a request from the patient's podiatrist for "open reduction internal fixation of fracture, with a bone stimulator needed as well." A progress note dated 1/8/2014 is essentially illegible, there was a statement saying "worsening pain in the subjective complaint." A diagnosis of non-union is noted, and a request for open reduction and internal fixation (ORIF) and bone stimulation is made.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE GROWTH STIMULATOR FOR RIGHT FOOT FIFTH METATARSAL: 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), 2013, Ankle and Foot, Bone Growth Stimulators, Electrical

Decision rationale: After careful review of the Official Disability Guidelines (ODG), 2013, ankle and foot, bone growth stimulators, electrical, it is my opinion that the decision for a bone growth stimulator for the right foot fifth metatarsal fracture in this case is not medically reasonable or necessary at this time. ODG states that bone growth stimulators are recommended as an option for nonunion of long bone fractures. The criteria needed to establish the medical necessity for the requested bone growth stimulator has not been documented. Progress notes are illegible and do not demonstrate criteria to establish medical necessity.