MAXIMUS Federal Services

Case Number:	CM14-0014500		
Date Assigned:	02/28/2014	Date of Injury:	06/18/2013
Decision Date:	06/27/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/05/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 66-year-old male who reported an injury on 06/18/2013. The worker was injured when a motorcycle fell on his leg while he was moving it. The clinical note dated 08/21/2013 noted the injured worker was status post a left ankle open reduction and internal fixation. Upon physical examination of the left ankle, there is noted stiffness and mild swelling around the ankle. The injured worker was diagnosed with status post left ankle trimalleolar fracture. The x-ray dated 08/22/2013 revealed a distal fibular fracture transfixed by metallic plate and screws, orthopedic hardware intact, and alignment near anatomic. The treatment plan included a recommendation for physical therapy and weight-bearing as tolerated. The provider also recommended a bone growth stimulator. The Request for Authorization and the provider's rationale were not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE GROWTH STIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Foot and Ankle Chapter)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Bone Growth Stimulator.

Decision rationale: The request for a bone growth stimulator is not medically necessary. The Official Disability Guideline state bone growth stimulators can be classified in 2 groups: electromagnetic or ultrasound. The criteria for the use of an electrical stimulator are: The two portions of the bone involved in the non-union are separated by less than one centimeter, be located in the appendicular, the bone is stable at both ends by means of a cast or fixation; and a minimum of 90 days has elapsed from the time of the original fracture and serial radiographs over three months show no progressive signs of healing. The criteria for the use of an ultrasound stimulator are: fresh fractures, at least three months have elapsed since the date of fracture and the initiation of conventional fracture treatments, serial x-rays have confirmed that no progressive signs of healing have occurred, the fracture gap is one centimeter or less, and the fracture is adequately immobilized. The provider's request does not specify the type of bone growth stimulator, whether it is electrical or ultrasound, being requested, or the site at which the bone growth stimulator is intended to be used. The provider did not include a rationale as to why the bone growth stimulator was requested. The site at which the device is to be used was not specified within the request. There was a lack of documentation indicating As such, the request is not medically necessary.