

Case Number:	CM14-0016665		
Date Assigned:	04/11/2014	Date of Injury:	04/04/2011
Decision Date:	05/29/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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 Family 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 patient is a 40 year old male who was injured while at work on 4/4/2011. He was pushing a cart full of medical equipment that fell approximately three feet onto his left foot. He sustained a fracture of his foot and underwent surgical repair; including a fusion of the second metatarsal cuneiform joint. In his last documented visit (1/27/2014) it was noted that he has persistent pain and swelling of the left foot. Physical examination was remarkable for tenderness to palpation of the left foot at the second and third metatarsal bases at the "level of the nonunion." Vascular examination was remarkable for +3/4 pulse of the dorsalis pedis artery and posterior tibial artery bilaterally. The diagnosis was "Nonunion left foot second and third metatarsal bases." Treatment recommendations included home exercises, stretches and medication. The patient is requesting a review of a denial of a bone growth stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A BONE GROWTH STIMULATOR UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter.

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

Chapter and (<http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=65&ncdver=2&bc=BAAAgAAAAAAAA&>).

Decision rationale: The Official Disability Guidelines (Leg) provide criteria for the use of an electrical bone growth stimulator. The criteria for the use of non-invasive electrical bone growth stimulators are as follows: Non-union of long bone fracture (5-10% exhibit signs of delayed or impaired healing) must meet ALL of the following: the two portions of the bone involved in the non-union are separated by less than one centimeter; and location in the appendicular skeleton (the appendicular skeleton includes the bones of the shoulder girdle, upper extremities, pelvis, and lower extremities); and 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 (except in cases where the bone is infected, and the 90-day waiting period would not be required). There is insufficient evidence in the records to determine if this patient meets the above criteria. The request is not medically necessary or appropriate.