MAXIMUS Federal Services

Case Number:	CM14-0117009		
Date Assigned:	08/04/2014	Date of Injury:	03/31/2014
Decision Date:	09/24/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/24/2014

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 Orthopedic 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:

The patient is a 53 year old male who sustained an industrial injury on 3/31/2014. He underwent ORIF of the right hip on 4/1/2014. Treatment to date has included PT, medications, modified duty. The handwritten PR-2 dated 7/23/2014 documents the patient continues to have some pain in the right femur. Objectively, the hip is about 70%. Treatment plan is continuing PT. Work status is modified duty. The 6/11/2014 progress reports the patient returns for re-evaluation. He continues to complain of significant right hip pain. He has been taking pain medication and describes no neurological or vascular complaints. Physical examination reveals satisfactory healing of the right hip incision. ROM is 60% of normal. He complains of pain at the extremes of motion. There are no neurological or vascular deficit present. 3 views of the right hip reveal early healing with satisfactory position of the right hip implant. Diagnosis is ORIF displaced fracture of the right hip; delayed healing right hip fracture ORIF right hip. Treatment plan is to continue partial weight bearing as tolerated and request bone stimulator. The hip fracture may require 6-12 weeks to complete its healing, even with use of a bone stimulator. No surgical intervention is recommended. Continue TTD for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in workers comp.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis; Knee chapter, Bone growth stimulators, ultrasound; Bone growth stimulators, electrical.

Decision rationale: According to the guidelines, an Electrical BGS is recommended as an option for non-union of long bone fractures and an Ultrasound BGS is recommended as an option for non-union of long bone fractures or fresh fractures with significant risk factors. The medical records demonstrate improving ROM and function in the right hip status post ORIF. The patient is progressing with physical therapy and has been returned to work with modified duty. Imaging reveals healing with satisfactory position of the right hip implant. There is no evidence of non-healing in this case. The medical records fail to establish the above outlined criteria exist in this case, and indicate a bone stimulator is needed. The request is not medically necessary.