

Case Number:	CM14-0156106		
Date Assigned:	09/25/2014	Date of Injury:	03/16/2011
Decision Date:	10/27/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/23/2014

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 Geriatrics 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:

The injured worker is a 50 year old man with a date of injury of 3/16/11. He is status post non union of the right tibia after redo open reduction internal fixation of non-union of the right tibia. A CT scan in 3/14 showed persistent non-union. He was seen by his primary treating physician on 7/23/14. He had 3/10 right leg and ankle pain and the 'bone stimulator still denied'. He had no change in function or physical exam documented. At issue in this request is an external bone stimulator. The records indicate that he used a bone stimulator after each surgery and the non-union of his tibia did not heal.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bone Stimulator between 8/25/14 and 10/26/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.medscape.com/viewarticle/778366> A review of bone growth stimulation for fracture treatment

Decision rationale: For treatment of delayed unions and nonunions, bone growth stimulators have a Grade B - C recommendation. This injured worker already had two attempts to heal his tibia non-union with a bone growth stimulator without success. There is no evidence that continuing bone growth stimulation at this point in his medical course will lead to healing. The medical necessity of the bone growth stimulator is not substantiated in the records. Therefore the request is not medically necessary.