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| Case Number: | CM14-0157267 | | |
| Date Assigned: | 09/30/2014 | Date of Injury: | 02/19/2014 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

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 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:

Patient is 51-year-old male who has submitted a claim for delayed union of left navicular fracture associated with an industrial injury date of 2/19/2014. Medical records from 2014 were reviewed. Patient complained of pain over the medial navicular of the left foot. Physical examination showed tenderness over the medial navicular of the left foot, with improved swelling. X-ray of the left ankle, dated 2/19/2014, showed no acute osseous abnormality. MRI of the left foot with contrast, dated 6/14/2014, showed a non-displaced fracture of the medial navicular; slight DJD and degenerative marrow changes at the tarsometatarsal joint at the first metatarsal; probable low grade strain of the joint capsule of the right second MTP joint; and small amount of edema and inflammation along the plantar surface of the foot. Treatment to date has included cortisone injection, and oral medications. Utilization review from 9/12/2014 denied the request for DME bone stimulator because of no evidence of non-union and it was not recommended for ankle / foot treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Bone Stimulator: Upheld

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

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

Decision rationale: CA MTUS does not specifically address bone growth stimulators. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, The Official Disability Guidelines (ODG) was used instead. ODG states that bone growth stimulation may be recommended as an option for non-union of long bone fractures. In this case, the patient complained of pain over the medial navicular of the left foot. Physical examination showed tenderness with improved swelling. X-ray of the left ankle, dated 2/19/2014, showed no acute osseous abnormality. MRI of the left foot with contrast, dated 6/14/2014, showed a non-displaced fracture of the medial navicular, and degenerative marrow changes at the tarsometatarsal joint at the first metatarsal. However, there was no documented rationale for a bone growth stimulator. Imaging findings also failed to show evidence of non-union. Lastly, there was no comprehensive physical examination of the left foot available for review. Therefore, the request for DME bone stimulator was not medically necessary.