

Case Number:	CM14-0174170		
Date Assigned:	10/24/2014	Date of Injury:	06/10/2014
Decision Date:	12/03/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/20/2014

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 Illinois. 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 58-year-old female who reported an injury on 06/10/2014. The mechanism of injury was due to a fall. The injured worker's diagnoses consist of plantar fascial rupture, fractures of the left foot. The patient's past treatment was noted to include medication, walker boot, and physical therapy. The injured worker's diagnostic studies consist of an x-ray that was positive for a small fracture near the cartilage at the cuboid joint and also a calcaneal spur. An MRI was positive for nondisplaced fracture involving the posterior medial aspect of the cuboid joint with intense marrow edema. The fracture line appeared to be extending proximal to the articular cartilage to the surface of the cuboid without displacement or depression. There was also mild edema in the medial aspect of the lateral cuneiform, lateral aspect of the navicular neck of the talus without evidence of fracture, bony ossicle seen in the medial aspect of the navicula, also with minimal fluid seen in the posterior tibial of the flexor digitorum longus, also mild fluid in the peroneal tendon, moderate tibiotalar joint effusion and a heel spur of approximately 1.4 cm. Per clinical note dated 09/24/2014, patient stated she had been given a boot to walk in, but she has become frustrated with her care so far by her previous physicians. Upon physical examination the patient had moderate tenderness to the left plantar heel. There is 1 to 2+ edema in the dorsal and plantar aspect of her left foot. There was some pain with range of motion of the mid tarsal joint. There was only slight tenderness overlying the cuboid, but there is some tenderness throughout the left mid foot. The right mid foot and subtalar joint have no pain or swelling. There was no plantar heel tenderness. There was palpable defect in the plantar fascia, approximately 2 cm distal to the plantar heel, which is consistent with the previous plantar fascia tear, which is also area of maximum tenderness of her left foot. Standing examination showed that the patient could not put any weight on the left foot, but she has normal range of motion. She has reduced muscle strength with some calf atrophy in the left leg. Neurological

examination revealed deep tendon reflexes were deferred. Plantar responses were within normal limits bilaterally. Sharp/dull/light touch and position sensation are within normal limits bilaterally. The injured worker's prescribed medications were noted to include ibuprofen, Synthroid, calcium, vitamin D, flax seed, magnesium, and vitamins. The treatment plan consisted of bone stimulator to treat the healing cuboid fracture. The rationale for the request was to treat the cuboid fracture. A request for authorization was submitted for review on 09/24/2014.

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 Official Disability Guidelines (ODG), Knee Chapter

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

Decision rationale: The Official Disability Guidelines state bone growth stimulators may be recommended for nonunion long bone fractures. However, in conjunction with the bone stimulator the physician recommended physical therapy for the injured worker. The fracture was noted to be unstable and at risk for nonunion. The injured worker should not participate in physical therapy, which could disrupt a nonhealing fracture. Physical therapy used in conjunction with a bone stimulator would not produce the efficacy of the stimulator. Therefore, the request for a Bone Growth Stimulator is not medically necessary.