

Case Number:	CM14-0025845		
Date Assigned:	06/13/2014	Date of Injury:	12/06/2012
Decision Date:	07/30/2014	UR Denial Date:	02/01/2014
Priority:	Standard	Application Received:	02/28/2014

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 Texas. 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 48-year-old male who reported an injury on December 6, 2012 after being struck by a steel truss. The injured worker was hospitalized and received surgery for placement of hardware into his right leg and ankles bilaterally. The injured worker postsurgically received conservative care and was prescribed the following medications: ibuprofen, nortriptyline, gabapentin, Seroquel, hydrocodone, ondansetron, and lidocaine patches. On January 13, 2014, the injured worker was seen by his physician for a followup evaluation. Manipulating the right ankle, the physician noted impingement. Reviewing x-rays to the right leg also revealed a nonhealing fibular fracture with a maligned medial malleus. The injured worker ambulates with a CAM walker on the left side. Physician wishes to address the open fracture of the nonhealing fibula with realignment of the fibula, a bone graft, and postsurgically with electric bone stimulator. The rationale of the electric bone stimulator is to speed union and healing of the fibula. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 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, Ankle and Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Bone Growth Stimulators, Electrical.

Decision rationale: The Official Disability Guidelines for bone stimulators recommends this course of action for treatment. An electrical bone growth stimulator uses electric current to promote healthy bone healing. The criteria for the use of an electrical bone growth stimulator states that it is for the non-union of long bone and must meet all of the following guidelines: (a) the two portions of the bone involved in the nonunion are separated by less than one centimeter, (b) location in the appendicular skeleton which includes bones of the shoulder girdle, upper extremities, pelvis, and lower extremities, (c) the bone must be stable at both ends by means of a cast or fixation, and (d) 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. The physician does not document whether the nonunion site is less than 1 cm. Also, maligned fixation hardware makes the bone unstable at both ends. The request for a bone stimulator is not medically necessary or appropriate.