

Case Number:	CM14-0032650		
Date Assigned:	06/20/2014	Date of Injury:	05/01/2013
Decision Date:	09/17/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/14/2014

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 and 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:

The injured worker is a 63-year-old male who reported an injury on 05/01/2013. The mechanism of injury was not provided. On 11/22/2013, the injured worker presented with right foot pain. Upon examination of the right foot, there was no effusion; there was tenderness along the lateral border of the right foot, and no crepitus or deformity was noted. There was tenderness to palpation along the 5th metatarsal as well as peroneal attachment. The neurovascular L4-S1 gross motor and light touch sensation were intact. The injured worker ambulated with an antalgic gait to the right. The unspecified x-ray dated 11/22/2013 was within normal limits. The diagnoses were right foot crush/contusion injury, rule out ligament tear, plantar spurring, and probable onset of neuropathy. Prior therapy included medications. The provider recommended a purchase of an Exogen bone stimulator for the right ankle. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Exogen bone stimulator for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound Therapeutic Page(s): 123.

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.

Decision rationale: The Official Disability Guidelines state that bone growth stimulators are recommended as an option for nonunion of long bone fractures or fresh fractures with significant risk factors. Also, limited studies show that injured workers who receive postoperative low intensity ultrasound following ankle fusion revealed a statistically significant faster healing rate on plain radiographs at 9 weeks. There is limited evidence shown for the use of ultrasound fracture healing in Charcot neural arthropathy. There is lack of evidence in the clinical documentation of a diagnosis congruent with the guideline recommendations for a bone growth stimulator. Additionally, the provider's rationale was not provided. As a bone growth stimulator therapy would not be warranted, the purchase of an Exogen bone stimulator would not be medically necessary. Additionally, the efficacy of the prior use of a bone stimulator was not provided. As such, the request for purchase of Exogen bone stimulator for the right ankle is not medically necessary and appropriate.