

<b>Case Number:</b>	CM14-0044312		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 and Washington. 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 58-year-old male with a reported date of 12/16/2013. The mechanism of injury was due to being smashed by a forklift. His diagnoses were noted to include right clavicular fracture, right shoulder strain and weakness, multiple rib fractures, and cervical strain. The progress note dated 02/12/2014 revealed the injured worker complained of distal clavicle pain to the right side. The physical examination revealed swelling and tenderness over the distal aspect of the clavicle and there was no palpable crepitus. The range of motion of the shoulder was not tested. The unofficial x-ray revealed no evidence of degenerative change and the injured worker had a type II to III acromion. There was a distal clavicle fracture identified and it appeared to be just lateral to the coracoid and there was no evidence of instability of the major fragment. There also appeared to be some calcifications surrounding the fracture site itself consistent with callus formation. The provider indicated he recommended the use of an Exogen bone stimulator and had suggested pendulum exercises and the avoidance of abduction, forward flexion, cross body adduction, and reaching behind his back. The progress note dated 06/10/2014 revealed the injured worker complained of pain over the right shoulder to the right rib area. The injured worker revealed he had tried to work on his truck and was unable to lean over the hood to remove some spark plugs. The physical examination revealed atrophy of the right deltoid compared to the left and as a result there was downsloping on the right shoulder. He had tenderness over the clavicle and over the lateral aspect and tenderness over the right ribs due to multiple rib fractures with callus formation. The injured worker demonstrated full range of motion to the right shoulder. The request for authorization form dated 03/04/2014 was for an excision ultrasound bone stimulator; however, the provider's rationale was not submitted within the medical records.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **EXOGEN ULTRASOUND BONE HEALING SYSTEM:** 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), Shoulder, Bone Growth Stimulators, ultrasound.

**Decision rationale:** The request for Exogen ultrasound bone healing system is non-certified. The injured worker has history of clavicular and rib fractures. The Official Disability Guidelines recommend bone growth stimulators through ultrasound as an option for nonunion of long bone fractures or fresh fractures with significant risk factors. There is a lack of documentation regarding the x-rays revealed a distal clavicle fracture; however, there was no evidence for instability of the major fragment. There is a lack of documentation regarding significant risk factors to warrant a bone growth stimulator. Therefore, the request is not medically necessary.