

Case Number:	CM14-0061436		
Date Assigned:	07/09/2014	Date of Injury:	03/06/2011
Decision Date:	09/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right tibial pain. On physical examination, vascular and dermatologic examination was unremarkable. There was partial numbness and hyperesthesia to the right lower extremity. Deep tendon reflexes were normal and symmetrical. No atrophic changes were appreciated. No motor deficits were noted. The patient ambulated with a cane and gait was antalgic. Computed Tomography (CT) of the right tibia/fibula dated March 10, 2014 revealed evidence of prior open reduction internal fixation of the distal tibia and fibula. There were old fractures of the distal tibia and fibula noted with no evidence of acute fractures. There were apparent fractures of the distal-most two screws securing the tibial plate. There was a small cortical defect of the medial aspect of the tibial plafond and a possibility of a small in situ osteochondral defect cannot be excluded. Treatment to date has included medications, open reduction internal fixation of the right distal tibia and fibula, physical therapy, bone stimulator, and redo open reduction internal fixation of non-union of the right tibia. Utilization review from April 17, 2014 denied the request for 1 bone stimulator. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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.

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; Bone Growth Stimulators, Ultrasound.

Decision rationale: ODG states that, "Bone growth stimulators may be appropriate for non-union of long bone fractures when all of the following criteria are met: (1) the two portions of the bone involved in the non-union are separated by less than one centimeter; (2) location in the appendicular skeleton; (3) the bone is stable at both ends by means of a cast or fixation; and (4) a minimum of 90 days has elapsed from the time of the original fracture and serial radiographs over three months showing no progressive signs of healing." A bone stimulator was requested because of non-union of tibial fracture. In this case, although the fracture is in the appendicular and is stable via fixation and more than three months has elapsed from the time of original fracture, the records did not show evidence that the two portions of the bone involved in the non-union are separated by less than one centimeter. Therefore, the request for 1 bone stimulator is not medically necessary because the referenced criteria were not met.