

<b>Case Number:</b>	CM14-0063471		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of July 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier ankle arthroscopy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 15, 2014, the claims administrator apparently denied a request for a bone growth stimulator on the grounds that the applicant did not have any risk factors for nonunion or delayed union. The applicant's attorney subsequently appealed. In a December 17, 2013 progress note, the applicant was described as having persistent complaints of ankle pain, reportedly severe, three months status post removal of distal tibial spurs. The applicant was not working, it was acknowledged. The applicant was attending pool therapy. The applicant was using Aleve, Norco, Prilosec, Xanax, and a topical compounded agent, several of which were refilled. The applicant was again placed off of work, on total temporary disability. On February 10, 2014, the applicant reported persistent complaints of foot and ankle pain. The applicant was not working, it was acknowledged. The applicant apparently had a history of childhood polio, resulting in some deformation of the foot and heel. The applicant reportedly had a painful right foot nonunion versus foot arthritis, with superimposed polio deformities of the foot. Neurontin, Norco, Xanax, and Naprosyn were endorsed. The applicant was placed off of work, on total temporary disability. On March 25, 2014, the attending provider sought authorization for an ankle fusion surgery and Achilles lengthening procedure. The attending provider again noted that the applicant was having difficulty walking owing to issues with a cane. The applicant was again described as having a painful foot nonunion and/or foot arthritis. The attending provider suggested that a bone

stimulator was needed to help the applicant's bone to heal owing to the fact that the surgery in question was quite complicated. The applicant's medical history was not stated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**DME Bone Growth Stimulator:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot online version Chronic pain.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

**Decision rationale:** The MTUS does not address the topic. As noted in ODG's Ankle and Foot Chapter Bone Growth Stimulators, Ultrasound topic, limited studies show that applicants who receive post-operative low intensity ultrasound bone growth stimulation following ankle fusion surgery, as is proposed here, show a statistically significant faster healing rate on plain radiographs at 9 weeks and CT scanning at 12 weeks. In this case, the attending provider has suggested that the applicant is at heightened risk for fusion nonunion/delayed recovery following the proposed ankle arthrodesis surgery. The applicant has a history of foot and ankle nonunion; it is noted, following earlier ankle surgery. The applicant also has a variety of comorbidities including a polio-related deformation of the foot. The bone growth stimulator is therefore, indicated, given the applicant's various comorbidities and history of poor bone healing and is, furthermore, at least tepidly endorsed by ODG. Therefore, the request is medically necessary.

