

Case Number:	CM14-0074386		
Date Assigned:	07/16/2014	Date of Injury:	02/01/2013
Decision Date:	08/29/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/21/2014

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 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:

This 41-year-old male driver sustained an industrial injury on 2/1/13. Injury occurred when he got out of a car, rolled his ankle and snapped his knee. The 2/19/13 left knee MRI impression documented an incomplete stress fracture of the posterior tibial metaphysis with severe marrow edema. There was medial meniscus degenerative with no meniscus tear. Cartilage, ligaments and tendons were reported intact and normal. The 2/19/13 left ankle MRI impression documented minimal peroneus longus tendinosis, no ligament disruption, and minimal degenerative cystic change in the talar neck along the dorsal border. The 2/28/13 left lower extremity electrodiagnostic study was reported as normal. The 12/9/13 lower extremity MRI impression documented no evidence of internal derangement, no evidence of acute or healing fracture, and trace joint effusion. The 1/24/14 orthopedic report indicated the patient had constant pain and numbness in the left knee and sharp pain in the left ankle. Physical exam documented an unstable anterior cruciate ligament and numbness in the lateral foot. The patient had a left tibial plateau fracture and an ankle sprain. The 3/4/14 bone scan impression documented focal intense tracer uptake of uncertain etiology in the right distal femoral shaft with radiographic correlation needed. There was asymmetric moderately increased tracer uptake in the region of the left tibial tuberosity requiring clinical correlation. The 3/24/14 treating physician report cited continued pain and difficulty walking. Physical exam documented an antalgic gait and the patient used a cane for ambulation. Knee range of motion was restricted and orthopedic testing was negative. There was tenderness to palpation of the ankle with full range of motion and negative anterior drawer sign. The bone scan showed bone edema of the right distal femur, left proximal tibia and left lateral ankle, all the same spots where the patient complained of pain. A bone growth stimulator was recommended for the three sites of bone bruising. A research study showed MRI follow-up of posttraumatic bone bruises in knees typically took up to a year to heal. Patients with prolonged and higher number of bone bruises often presented with osteoarthritis. Due to the

patient's bone bruising, authorization of a bone stimulator to actively treat all three sites was recommended. The 4/28/14 utilization review denied the request for a bone stimulator as guideline criteria were not met for use. The 7/8/14 treating physician report indicated that the patient had bone scan evidence of intense tracer uptake in the right distal femur shaft as well as the left tibial tuberosity. He had MRI findings of an incomplete left tibial stress fracture. He reported that this long bone fracture was stable at the distal ends. The patient was wearing ankle and knee brace. It has been 90 days since the original injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Stimulator for three sites: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, online version, Bone growth stimulators, electrical.

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 stimulator, electrical.

Decision rationale: The Official Disability Guidelines provide specific criteria for the use of electrical bone growth stimulators for non-union of long bone fractures that include the two portions of the bone involved in the non-union are separated by less than one centimeter, located in the appendicular skeleton, the bone is stabilized by means of a cast or fixation, and a minimum of 90 days has elapsed from the time of the original fracture. Serial radiographs over three months are required showing no progressive signs of healing. Guideline criteria have not been met. The 2/19/13 left knee MRI showed an incomplete stress fracture of the posterior tibial metaphysis with severe marrow edema. The 12/9/13 lower extremity MRI demonstrated no evidence of an acute or healing fracture. The treating physician indicated that the patient had bone bruises in three regions on the 3/4/14 bone scan and requested a bone stimulator to treat these. On appeal, he reported an incomplete left tibial stress fracture requiring a bone stimulator. There is no serial radiographic evidence of a non-union of a long bone fracture to support the medically necessary of bone growth stimulation consistent with guidelines. Therefore, this request for one bone stimulator for 3 sites is not medically necessary.