

Case Number:	CM14-0082993		
Date Assigned:	07/21/2014	Date of Injury:	04/22/2014
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/04/2014

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, Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 73-year-old female who reported injury on 04/22/2014/. The mechanism of injury was she caught her foot in computer wire and twisted it. The prior treatments were noted to include a CAM walker. The injured worker underwent a Dexa scan which revealed osteoporosis for which she was taking Fosamax. The injured worker reported injury on 04/22/2014. There was a Request for Authorization form submitted dated 04/24/2014 for an Exogen bone stimulator. The documentation of 04/24/2014 revealed the injured worker had a right fracture of the metatarsal that was closed. The injured worker underwent an x-ray of the right foot which revealed an undisplaced oblique fracture of the 4th metatarsal. The documentation indicated the injured worker underwent an open reduction and internal fixation of the elbow, which did not heal well. There was a Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exogen - Bone Growth 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, Knee Chapter, 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 & Leg Chapter, Bone growth stimulators, electrical.

Decision rationale: The Official Disability Guidelines indicate that a bone growth stimulator is recommended for a nonunion of a fracture. Most fresh fractures heal without complications with the use of standard fracture care including closed reduction and cast immobilization. They further indicate that ultrasound treatment may be considered medically necessary for the treatment of a fresh closed or grade 1 open fracture in skeletally mature adults when the injured worker has significant risk factors for developing delayed fracture healing or nonunion including osteoporosis. The clinical documentation submitted for review indicated the injured worker previously had difficulty healing from an elbow fracture and an open reduction and internal fixation and had osteoporosis, which could inhibit healing. The request as submitted failed to indicate the body part to be treated with the Exogen bone growth stimulator. The duration of use was not provided. Given the above, the request for Exogen bone growth stimulator is not medically necessary.