

Case Number:	CM14-0087913		
Date Assigned:	07/23/2014	Date of Injury:	04/11/2014
Decision Date:	09/19/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 69-year-old female who reported an injury by falling after her foot twisted on 04/11/2014. On 06/13/2014, her diagnosis was right 5th metatarsal Jones fracture. X-rays taken on that day revealed a non-healing Jones fracture which had occurred 9 weeks earlier. At the time of the reported injury she was fitted with a walking boot and restricted to crutches. The rationale for the request stated that since a Jones fracture is a very delicate fracture that is difficult to heal secondary to decreased blood supply and the fact that this injured worker's fracture showed no healing whatsoever, the recommendation was for an external bone stimulator to aid the healing. The recommendation also was for the patient to be completely non-weight bearing on that foot and she was instructed thusly. A request for authorization dated 06/14/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE STIMULATOR FOR THE RIGHT FOOT: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Bone growth stimulators, ultrasound.

Decision rationale: The request for bone stimulator for the right foot is not medically necessary. The Official Disability Guidelines recommend bone growth stimulators as an option for nonunion of the long bone fractures or fresh fractures with significant risk factors. Since there was no long bone fracture in this injured worker, the request does not fall within the guidelines. Additionally, there were no parameters for use or frequency of applications included in the request. The clinical information submitted failed to meet the evidence-based guidelines for ultrasound bone stimulators. Therefore, this request for bone stimulator for the right foot is not medically necessary.