

Case Number:	CM14-0194252		
Date Assigned:	12/02/2014	Date of Injury:	08/07/2014
Decision Date:	01/14/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/20/2014

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 Geriatrics and is licensed to practice in New York. 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 26 year old male sustained work related industrial injuries on August 7, 2014. The mechanism of injury involved a fall with direct impact to knee on a concrete surface. He subsequently complained of left knee pain. The injured worker was diagnosed and treated for left patella fracture and left prepatellar bursitis. Treatment consisted of radiographic imaging, orthopedic consultation and periodic follow up visits. Per orthopedic report dated October 23, 2014, the injured worker complained of minimal to moderate knee pain with no grinding sensation, difficulty squatting and inability to kneel. Objective findings revealed pre patellar swelling, normal alignment and full range of motion with no joint line tenderness. Documentation noted that x-ray of left knee revealed fracture line persistent lateral superior patella with no significant callus. As of October 23, 2014, the injured worker was on modified duty. The treating physician prescribed services for Exogen 4000 ultrasound bone stimulator now under review. On October 29, 2014, Utilization Review evaluated the prescription for Exogen 4000 ultrasound bone stimulator requested on October 24, 2014. Upon review of the clinical information, UR noncertified the request for the bone stimulator, noting the failure to meet all criteria for medical necessity according to ODG. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 purchase of an Exogen 4000 ultrasound bone stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bone growth stimulator Medscape: A Review of Bone Growth Stimulation for Fracture Treatment Steve B. Behrens, Matthew E. Deren, Keith O. Monchik Disclosures Curr Orthop Pract. 2013;24(1):84-91.

Decision rationale: The injured worker has chronic knee pain from an injury sustained in August 2014 resulting in a left patella fracture and left prepatellar bursitis. For treatment of delayed unions and nonunion, bone stimulators have a Grade B to C evidence recommendations. Further studies on the efficacy and cost-effectiveness of bone stimulators are warranted to better define the clinical implementation of these devices. This worker has a patellar fracture with x-ray of left knee revealing fracture line persistent lateral superior patella with no significant callus. He was only two months post fracture when the request was made and he has no known metabolic disorders or comorbidities that would cause impaired bone healing. An external bone growth stimulator is not medically substantiated in the records.