

Case Number:	CM14-0203125		
Date Assigned:	12/15/2014	Date of Injury:	03/22/2012
Decision Date:	02/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/04/2014

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 Internal 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 patient is an injured worker with a history of right foot fracture on March 22, 2012. Right foot surgery was performed May 26, 2012 and August 8, 2012. The orthopedic surgeon progress report dated August 6, 2014 did not document that the fracture was immobilized. The 8/6/14 progress report documented the use of a bone stimulator. Regarding subjective complaints, the patient continues to have ongoing similar complaints. Physical examination was documented. Right ankle and foot examination revealed tenderness to palpation over the mid foot and first web space dorsally. Tinel's sign was positive. Deep tendon reflexes are all 2+ throughout the bilateral lower extremity. Arterial pulses are all 2+ and symmetrical with normal amplitude throughout the bilateral lower extremity. X-Ray of the right foot demonstrated that there is a nonunion at the Lisfranc joint. The remainder of the mid foot fusion appears to have taken well. There was no evidence of any hardware failure. Diagnoses were status post right mid foot fusion with persistent nonunion, and right foot neuroma. Treatment plan was documented. The physician recommended that the patient continue with use of her bone stimulator regularly and to continue more conservative treatment and bone stimulator usage. The patient also has low back condition with radiculitis, which may also be contributing to some of her neurologic complaints and therefore, this may be somewhat of double crush phenomenon with a neuroma in her foot in addition to the lumbar radiculitis. The request for authorization for a bone stimulator was dated October 10, 2014.

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 (ODG), Ankle Chapter, Bone Growth Stimulators, Ultrasound, Knee

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 (Acute & Chronic), Bone growth stimulators (electrical/ultrasound) and Knee & Leg (Acute & Chronic), Bone growth stimulators (electrical/ultrasound).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address bone growth stimulators. Official Disability Guidelines (ODG) indicates that bone growth stimulators are an option for non-union of long bone fractures or fresh fractures with significant risk factors. Bone growth stimulators are considered medically necessary in patients with nonunion of bones, when all of the following criteria are met: (1) At least three months have elapsed since the date of fracture and the initiation of conventional fracture treatments, (2) Serial x-rays have confirmed that no progressive signs of healing have occurred, (3) The fracture gap is one centimeter or less, and (4) fracture is adequately immobilized. Medical records document right foot fracture on March 22, 2012. Right foot and ankle surgery was performed May 26, 2012 and August 8, 2012. CT computed tomography scan of the right foot dated June 20, 2014 did not document a fracture gap of one centimeter or less. X-ray of the right foot dated June 20, 2014 did not document a fracture gap of one centimeter or less. X-ray of the right foot reviewed on August 6, 2014 did not document a fracture gap of one centimeter or less. The orthopedic surgeon progress report dated August 6, 2014 did not document that the fracture was immobilized. The 8/6/14 progress report documented the use of a bone stimulator. The latest orthopedic progress report addressing the right foot was dated August 6, 2014. The request for authorization for a bone stimulator was dated October 10, 2014. An updated progress report was not present in the submitted medical records. No improvement with past bone stimulator use was documented. The medical records do not provide support for the use of a bone growth stimulator per ODG guidelines. Therefore, the request for Bone stimulator for the right foot is not medically necessary.