

<b>Case Number:</b>	CM14-0203145		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 05/06/13 when she injured her right ankle when she tripped and fell. She was seen on 06/06/13. Treatments had included use of a walking boot and crutches. There was a normal neurological examination. An MRI was requested. This was done on 06/25/13 showing findings of cuneiform and navicular bone erosions. On 08/19/14 she underwent arthrodesis and repair of a right first cuneiform navicular joint nonunion. She was seen on 11/26/14. She was using a short leg walking boot and was inconsistently using a bone stimulator. She was having ongoing pain. Imaging results were suggestive of healing. She was continued in the walking boot and encouraged to more consistently use the bone stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Weeks Rental of an Electronic Bone 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 (ODG), Bone Growth Stimulator

**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

**Decision rationale:** The claimant is more than 1 years status post work-related injury and continues to be treated for chronic right ankle pain. She underwent arthrodesis and repair of a right first cuneiform navicular joint nonunion in August 2014 and as of November 2014 did not have imaging findings showing definitive success of the surgery. She has a bone stimulator but has used it inconsistently. A bone growth stimulator can be recommended as an option for non-union of long bone fractures. In this case, the claimant does not have a long bone fracture. She already has been provided with a stimulator and, although used inconsistently over three months, it does not appear to have provided sufficient benefit. An additional 6 week rental is therefore not medically necessary.