

<b>Case Number:</b>	CM14-0026285		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: Minnesota, Florida  
Certification(s)/Specialty: Orthopedic Surgery

### 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 44-year-old male with a history of fractures of the right great toe and second toe from dropping a heavy object on his foot on 8/16/2012. The documentation indicates that the fracture of the great toe involved the distal phalanx. On 11/9/2012 the injured worker underwent surgery on the right great toe consisting of open reduction and internal fixation. A radiology report or detailed description of the fracture is not included with the medical records. The operative report indicates removal of small bone fragments and attempted fixation of a bone fragment with a 0.045 K-wire that was subsequently removed and a combination of dexamethasone and Marcaine was instilled into the fracture site. On August 29, 2013 the plan was to perform 12 visits of acupuncture at 2 visits per week for 6 weeks. Chiropractic treatment is also documented. The disputed issue pertains to a request for bone growth stimulator for the left great toe dated 1/22/2014. This was noncertified by utilization review on 1/29/2014 as the records did not include a radiology report pertaining to the great toe fracture and the rationale for the request were not submitted. This was appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone stimulator left great toe:** 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 & Foot (also see knee chapter)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Ankle and Foot, Topic: Bone Growth stimulators, electrical.

**Decision rationale:** ODG guidelines mention the criteria for use of noninvasive electrical bone growth stimulators. These include long bone fractures with delayed or impaired healing and the 2 portions of the bone involved are separated by less than 1 cm and location is in the appendicular skeleton and the bone is stable by means of a cast or fixation and a minimum of 90 days has elapsed from the time of the original fracture and the serial radiographs over 3 months show no progressive signs of healing. The documentation here indicates a fracture of the distal phalanx of the great toe. No radiology reports are submitted and so an objective description of the fracture is not available. The bone growth stimulator was requested a year and a half after the fracture. The available documentation does not include a radiology report indicating the presence of a nonunion. The location of the fracture in the distal phalanx of the great toe does not meet the guideline criteria. In light of the above, the request for a bone growth stimulator left great toe is not supported, and the medical necessity of the request is not substantiated.