

Case Number:	CM15-0108147		
Date Assigned:	06/15/2015	Date of Injury:	03/22/2012
Decision Date:	07/20/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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: Illinois, California, Texas
 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 52-year-old female who sustained an industrial injury on 3/22/12. Injury occurred when she was descending stairs, missed the last step and fell. She sustained right 3rd and 4th metatarsal fractures. Records indicated that she underwent open reduction and internal fixation and subsequent fusion with persistent non-union and treatment with bone growth stimulation. The 1/29/15 right foot x-ray documented sub acute appearing transverse fracture with minimal callus formation at the proximal aspect of the 1st through 3rd metatarsals held in place with metallic orthopedic fixation plate with screws. There was no radiographic evidence of loosening. The 2/4/15 orthopedic report cited on-going foot pain with swelling and difficulty ambulating. She had to walk on her heel. Right ankle/foot exam documented tenderness to palpation over the mid-foot and first web space dorsal and positive Tinel's sign. Range of motion was symmetrical and within normal limits. The diagnosis was status post right mid-foot fusion with persistent non-union and right foot neuroma. The injured worker's new bone growth stimulator had been denied. She was to bring in her old bone stimulator to see if it was in working order. She continued to have a non-union of her mid-foot fusion for which a bone growth stimulator was appropriate and would help avoid additional surgery. The 4/1/15 treating physician report indicated that the injured worker had recently been hospitalized from 2/13/2015 to 2/17/2015 due to a pulmonary embolism. She had on-going right foot pain and swelling and was unable to stand or walk for prolonged periods of time/distance. Right foot exam documented edema and tenderness over the mid-foot, hypersensitivity to light touch, and positive Tinel's sign over the dorsum of the mid-foot radiating into the 1st through 3rd toes. She brought in her old

bone stimulator and it appears to be non-function despite new batteries. At this point, she was not a surgical candidate due to her recent history of pulmonary embolism. The treatment plan recommended exhausting all non-surgical treatment options. Authorization for a new bone growth stimulator was requested. The 5/20/15 utilization review non-certified the request for bone growth stimulator and supplies as prior treatment was documented without efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone stimulator with supplies (right foot): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) procedure summary online version (updated 05/05/15) Bone growth stimulators, electrical.

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

Decision rationale: The California MTUS guidelines are silent regarding ultrasonic bone growth stimulators. The Official Disability Guidelines state that a bone growth stimulator may be supported for non-unions with serial radiographic evidence over at least 3 months that no progressive signs of healing have occurred. Guideline criteria have been met. This injured worker has a documented non-union of the right mid-foot fusion. She has significant comorbidities that preclude additional surgery. Prior use of a bone growth stimulator is noted but the unit is not functioning and requires replacement. The continued use of a bone growth stimulator seems reasonable at this time. Therefore, this request is medically necessary.