

Case Number:	CM15-0108172		
Date Assigned:	06/12/2015	Date of Injury:	12/04/2014
Decision Date:	07/22/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 66-year-old who has filed a claim for chronic ankle and leg pain reportedly associated with an industrial injury of December 4, 2014. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve a request for bone stimulator of the ankle and foot. The claims administrator referenced an April 30, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said RFA form dated April 30, 2015, the applicant was described as 100% weight bearing. Physical therapy and x-rays were endorsed. In an associated work status report of the same date, April 30, 2015, the applicant was placed off of work, on total temporary disability. X-rays of the tibia and knee were ordered, the results of which were not clearly reported. The claims administrator's medical evidence log seemingly suggested that a very limited number of records were provided. In an operative report dated December 5, 2014, the applicant did undergo an open reduction and internal fixation of the right bicondylar plateau fracture using percutaneous technique.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Stimulator to the Right Ankle/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), Bone Growth Stimulators (BGS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines, Occupational Disorders of the Ankle and Foot Bone growth stimulators, ultrasound.

Decision rationale: No, the proposed bone stimulator of the ankle and foot is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Ankle and Foot Chapter Bone Growth Stimulators topic notes that bone growth stimulators are recommended as an option for nonunion of long bone fractures or fresh fractures with significant risk factors. Here, however, little-to-no information was attached to the RFA form so as to augment the request. There was no mention of the applicant's has sustained a nonunion of a long bone fracture. The applicant was some six months removed from the date of surgery as of the date of the request. The applicant's fracture, thus, was not fresh. The RFA form and work status report of April 30, 2015 did not, furthermore, imply, state, or suggest that the applicant had sustained any kind of nonunion but, rather, it was stated that the applicant was 100% weight bearing and needed physical therapy. The evidence on file, thus, did not point to the applicant's having developed any kind of nonunion or malunion. The information on file, in short, failed to support or substantiate the request. Therefore, the request is not medically necessary.