

<b>Case Number:</b>	CM15-0011735		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	08/22/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 69 year old man sustained an industrial injury on 8/22/2014 after a large tire truck fell on his left leg. Treatment has included oral medications and surgical intervention. Physician notes are only available from the initial hospitalization, dated 8/23/2014 show pain to the left leg. Recommendations include a pre-operative work-up and care. On 1/9/2015, Utilization Review evaluated a prescription for an Orthofix bone growth stimulator that was submitted on 1/15/2015. The UR physician noted that there was no documentation submitted after 11/1/2014 stating the necessity for this request. Further, there is no history of increased risk factors. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to 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- Orthofix:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Bone growth stimulator.

**Decision rationale:** Pursuant to the Official Disability Guidelines, bone stimulator (Orthofix) is not medically necessary. Bone growth stimulators (BGS) are under study. There is conflicting evidence, so case-by-case recommendations are necessary. Some limited evidence exists for improving diffusion rate of spinal fusion surgery in high-risk cases (e.g. revision pseudoarthrosis, instability, smoker). There is no consistent medical evidence to support or refute the use of these devices for improving patient outcomes. Criteria for use of invasive or noninvasive electrical bone growth stimulators may be considered medically necessary as an adjunct to spinal fusion surgery, for patients with any of the following risk factors for failed fusion: one of our previous failed spinal fusions: grade 3 or worse spondylolisthesis; fusion to be performed at more than one level; current smoking habit; diabetes, renal disease, alcoholism; or significant osteoporosis demonstrated on radiographs. In this case, the injured worker's working diagnoses are fracture of the left tibia and fibula; accelerated hypertension; and gastroesophageal reflux. The medical record contains 28 pages. The documentation in the record consists of a single admission note dated August 22, 2014. There are no postoperative follow-up progress notes in the medical record. There were no risk factors for non-fusion documented in medical record. Consequently, absent clinical documentation with postoperative follow-up, bone growth stimulator (Orthofix) is not medically necessary.