

<b>Case Number:</b>	CM15-0132242		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	06/16/2014
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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, Florida, 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 injured worker is a 60-year-old female, who sustained an industrial injury on 8/16/14. She reported pain in the plantar aspect of the first metatarsal head. The injured worker was diagnosed as having a left foot sesamoid fracture. Treatment to date has included Cortisone injections and the use of arch supports. A physician's report dated 6/4/15 noted a MRI was consistent with a nondisplaced fracture of the tibial sesamoid. Currently, the injured worker complains of left foot pain. The treating physician requested authorization for an ultrasound bone stimulator for the left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound bone stimulator for left 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle and Foot Section, ultrasound bone stimulator.

**Decision rationale:** This claimant was injured in 2014 with pain in the plantar aspect of the first metatarsal head. The diagnosis was a left foot sesamoid fracture. Treatment to date has included Cortisone injections and the use of arch supports. As of June, the MRI notes a nondisplaced fracture of the tibial sesamoid. Currently, the injured worker complains of continued left foot pain. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the Ankle and Foot section: Recommended as an option for non-union of long bone fractures or fresh fractures with significant risk factors. Also, limited studies show that patients who received post-operative low intensity ultrasound following ankle fusion showed a statistically significant faster healing rate on plain radiographs at 9 weeks and CT scan at 12 weeks. A 100% fusion rate was noted. (Coughlin, 2008) (Ishikawa, 2002) (Jones, 2006) (Khan, 2008) (Siska, 2008) Limited evidence has been shown for the use of ultrasound fracture healing in Charcot neuroarthropathy. (Strauss, 1998) See the Knee Chapter for specific indications. No long bone fractures are noted in this case; criteria are not met for the bone stimulator. The request is not medically necessary.