

Case Number:	CM15-0136957		
Date Assigned:	07/24/2015	Date of Injury:	05/27/2015
Decision Date:	08/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/15/2015

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:

This injured worker is a 37-year-old male who sustained an industrial injury on 5/27/15. The 5/27/15 right ankle x-ray documented a bimalleolar fracture with tear of the inner osseous membrane and subluxation of the joint. He underwent an open reduction and internal fixation (ORIF) of the right ankle on 6/5/15. The 6/12/15 right ankle x-rays showed he was status post ORIF of the right distal fibula and tibia fractures. The 6/12/15 chart note indicated that pain was better. Physical exam documented moderate swelling with tenderness to palpation. Hardware was stable with good anatomic reduction of the fracture. The injured worker was to continue on strict non-weight bearing status. The 6/26/15 chart note indicated that pain was worse. Right ankle exam documented mild to moderate soft tissue swelling and some drainage. Hardware was reported stable with anatomic reduction of fracture. The diagnosis was right bimalleolar ankle fracture with syndesmotomic injury. The treatment plan included Keflex 500 mg three times a day for 4 days, and a bone growth stimulator. Authorization was requested for purchase of an Exogen bone stimulator. The 7/7/15 utilization review non-certified the request for a bone growth stimulator as the injured worker had undergone recent ankle surgery with complete healing on the x-rays. The 7/14/15 treating physician appeal letter indicated that this injured worker had sustained a comminuted fracture of his distal fibula. Due to the severity of the fracture and the fracture location, he was at high-risk for nonunion and underwent ORIF surgery. The most recent x-rays on 6/26/15 showed no signs of healing and he was diagnosed with a non-union. Comorbidities included current smoking which had been proven to have negative effects on bone healing. An Exogen (ultrasound) bone stimulator had been recommended to stimulate and accelerate the healing process. The Official Disability Guidelines were cited and the injured worker met the criteria for use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exogen Bone stimulator for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot (updated 6/22/15) Bone growth stimulators, ultrasound.

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, ultrasound; Knee and Leg: Bone growth stimulators, ultrasound.

Decision rationale: The California MTUS guidelines are silent regarding ultrasonic bone growth stimulators. The Official Disability Guidelines indicate that ultrasound bone growth stimulators may be an option for non-union of long bone fractures. Ultrasound bone growth stimulation may be considered medically necessary for patients with non-unions of bones when at least three months have elapsed since the date of fracture and the initiation of conventional fracture treatments, serial x-rays have confirmed that no progressive signs of healing have occurred, the fracture gap is one centimeter or less, and the fracture is adequately immobilized. Guideline criteria have not been fully met. This injured worker was less than one month status post open reduction and internal fixation of the ankle fracture at the time of time request. X-rays noted the hardware to be in good position. Current smoking is noted as a risk factor. However, there is no serial evidence over 3 months that no progressive signs of healing have occurred. Therefore, this request is not medically necessary at this time.