

<b>Case Number:</b>	CM15-0147011		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 39-year-old male, who sustained an industrial injury on 3-17-2014. He reported a foot fracture when construction material struck his foot while on a ladder. Diagnoses include posttraumatic arthritis, left foot in 2nd, 3rd, and 4th metatarsal joints, fracture metatarsal-tarsal, and cuneiform fractures status post fusion with bone graft placement. Treatments to date include activity modification, medication therapy and physical therapy. Currently, he was evaluated two weeks status post foot surgery. On 6-29-15, the physical examination documented a closed healing wound. A new sterile compressive dressing was applied and a fracture walker boot dispensed. The injured worker was non-weight bearing with use of crutches for ambulation. The plan of care included a request to authorize an exogen bone growth stimulator due to slow fusion healing and smoking status as high risk factors. An x-ray performed on June 29, 2015 shows no osseous bridging and no signs of bone healing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exogen bone growth stimulator:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Ankle & Foot, 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) Low Back Chapter, Bone growth stimulators (BGS).

**Decision rationale:** Regarding the request for a bone growth stimulator, California MTUS does not address the issue. ODG cites that bone growth stimulation is supported in the presence of at least 1 risk factor for failed fusion: One or more previous failed spinal fusion(s); Grade III or worse spondylolisthesis; Fusion to be performed at more than one level; Current smoking habit; Diabetes, Renal disease, Alcoholism; or Significant osteoporosis which has been demonstrated on radiographs. Within the documentation available for review, it appears that the patient has risk factors for nonunion as well as radiographic imaging suggesting the union has not transpired. As such, the currently requested bone growth stimulator is medically necessary.