

Case Number:	CM15-0160443		
Date Assigned:	08/27/2015	Date of Injury:	07/25/2010
Decision Date:	09/29/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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, Oregon, Washington
 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:

The injured worker is a 62 year old female, who sustained an industrial injury on 7-25-10. The diagnoses have included status post talocalcaneal cuboid fusion right foot, status post degenerative arthritis secondary to failed open reduction internal fixation (ORIF) of calcaneal fracture right foot and non-union of fracture. Treatment to date has included medications, activity modifications, diagnostics, surgery right foot, bracing, casting, pain management, physical therapy and other modalities. Currently, as per the physician progress note dated 4-30-15, the injured worker returns to the office having had her computerized axial tomography (CT scan) which shows no appreciative fusing of the talonavicular or calcaneal cuboid joints suggesting she is going on to non-union. The diagnostic testing that was performed included x-ray of the right foot and computerized axial tomography (CT scan) of the right lower extremity (RLE). The physician notes that options at this point include continued observation, a bone stimulator or a revision of fusion and bone grafting. The physician notes that this is a lot for her to take. The physician notes that she would like to think about her options and decide after she returns the next time to the office. The physician requested treatment included associated surgical service: Electrical Bone Stimulator, non-spinal for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Electrical Bone Stimulator, non-spinal for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (updated 6/22/15), Online version. Bone Growth stimulators, Electrical.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

Decision rationale: Per ODG: "Criteria for the use of non-invasive electrical bone growth stimulators: Non-union of long bone fracture (5-10% exhibit signs of delayed or impaired healing) must meet ALL of the following: The two portions of the bone involved in the non-union are separated by less than one centimeter; and Location in the appendicular skeleton (the appendicular skeleton includes the bones of the shoulder girdle, upper extremities, pelvis, and lower extremities); and The bone is stable at both ends by means of a cast or fixation; and a minimum of 90 days has elapsed from the time of the original fracture and serial radiographs over three months show no progressive signs of healing (except in cases where the bone is infected, and the 90-day waiting period would not be required)." In this case there is no non-union of a long bone fracture and thus this case does not meet criteria for the use of a bone stimulator and is not medically necessary.