

<b>Case Number:</b>	CM15-0185274		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	02/06/1991
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Emergency 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 67-year-old female who sustained an industrial injury on 2-6-91. A review of the medical records indicates she is undergoing treatment for degenerative arthritis, difficulty walking, and pain in limb, foot sprain, and fractured metatarsal - closed. Medical records (7-22-15 to 8-18-15) indicate complaints of right foot pain with swelling. The physical exam (7-22-15) reveals "moderate" edema to the right mid-foot and ankle with pain over the peroneal tendons of the fifth metatarsal. Range of motion is noted to be "guarded" and difficult to assess muscle strength. MRIs of the right foot and ankle were completed and the injured worker was found to have a stress fracture at the base of the second, third, and fourth metatarsal. Treatment included an unna boot. However, the injured worker believed that she was allergic to the materials of the boot and removed it. She has been wearing a surgical shoe. "Low Dye" strapping was applied to the foot and she was recommended a knee scooter for ambulation to avoid weight bearing. She is encouraged to use ice for swelling. The use of a compression stocking is also used. An external bone stimulator is recommended. The utilization review (8-24-15) indicates the requested treatment of an external bone stimulator. This was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**External bone stimulator:** 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), Ankle & Foot (updated 6/22/15) 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) Ankle & Foot, Bone growth stimulators.

**Decision rationale:** The requested External bone stimulator is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Ankle & Foot, Bone growth stimulators, note, "Recommended as an option for non-union of long bone fractures or fresh fractures with significant risk factors." The injured worker has right foot pain with swelling. The physical exam (7-22-15) reveals "moderate" edema to the right mid-foot and ankle with pain over the peroneal tendons of the fifth metatarsal. Range of motion is noted to be "guarded" and difficult to assess muscle strength. MRIs of the right foot and ankle were completed and the injured worker was found to have a stress fracture at the base of the second, third, and fourth metatarsal. Treatment included an unna boot. However, the injured worker believed that she was allergic to the materials of the boot and removed it. She has been wearing a surgical shoe." The treating physician has documented neither a long bone fracture nor risk factors. The criteria noted above not having been met, External bone stimulator is not medically necessary.