

Case Number:	CM15-0212838		
Date Assigned:	11/02/2015	Date of Injury:	05/12/2015
Decision Date:	12/14/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/29/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 49 year old male who sustained an industrial injury on 5-12-15. A review of the medical records indicates that the worker is undergoing treatment for crush injury of the hand. Subjective complaints (9-14-15) include persistent pain and tenderness over the right long finger distal volar pad area, and worsening scar pain along the previous crush injuries. Objective findings (9-14-15) include a follow up x-ray shows nonunion of the distal tuft fracture. A (10-5-15) progress report notes "a repeat x-ray of the right long finger still shows radiolucency at the distal comminuted tuft fracture." Work status was noted (10-5-15) that he went back to work full duty without any restriction. Previous treatment includes surgery, splinting, and medication. The treatment plan (9-14-15) includes narcotic pain medication, Lidoderm patch, continued aggressive scar massaging and desensitization exercises, and a bone stimulator. The requested treatment of bone growth stimulator was denied 10-7-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone growth 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), Forearm, Wrist and Hand Chapter.

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

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a bone Growth Stimulator. The clinical documents lack evidence that the injured worker meets the recommended criteria for a bone stimulator as outlined in the ODG. The criteria being, that the two segments are less than 5mm separated. There is lack of documentation in the progress notes, and no XR findings sited. According to the clinical documentation provided and current guidelines; a bone stimulator is not medically necessary to the patient at this time.