

Case Number:	CM15-0055272		
Date Assigned:	03/30/2015	Date of Injury:	10/01/2010
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/23/2015

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:

This 55 year old male sustained an industrial injury on 10/1/10. He subsequently reported right knee pain. Diagnoses include osteoarthritis of the left hip. Diagnostic testing has included x-rays and MRIs. Treatments to date have included surgery, physical therapy and prescription pain medications. The injured worker continues to experience left hip pain and low back pain with radiation to the right leg. A request for Bone stimulator for the right ankle/foot for 3 months rental was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone stimulator for the right ankle/foot for 3 months rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aetna Clinical Policy Bulletin.

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 (Acute & Chronic), Bone Growth Stimulators (BGS).

Decision rationale: The requested Bone stimulator for the right ankle/foot for 3 months rental , is not medically necessary. Official Disability Guidelines (ODG), Ankle and Foot (Acute & Chronic), Bone Growth Stimulators (BGS) note that bone stimulators may be indicative in cases of long-bone non-union. The injured worker has chronic left hip pain and low back pain with radiation to the right leg. The treating physician has opined possible hardware failure and the possible need for surgical revision of previous ankle surgery, but does not document the medical necessity for this stimulator DME in light of the afore-mentioned opinions. The criteria noted above not having been met, Bone stimulator for the right ankle/foot for 3 months rental is not medically necessary.