

Case Number:	CM15-0083807		
Date Assigned:	05/06/2015	Date of Injury:	12/01/2014
Decision Date:	06/04/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 34 year old female, who sustained an industrial injury on 12/01/2014. She reported left foot pain after a fall at work. The injured worker is currently working with modified duty. The injured worker is currently diagnosed as having healing left foot metatarsal fracture. Treatment and diagnostics to date has included use of a moon boot, left foot x-rays, computed tomography of the left foot, and medications. In a progress note dated 01/02/2015, the injured worker presented with improved left foot pain. Objective findings were unremarkable. The treating physician reported requesting authorization for a bone stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Ankle & Foot (updated 12/22/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, bone stimulator.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states bone stimulators are indicated in the treatment of long bone fractures with non-union and fresh fractures with significant risk factors. The patient has a metatarsal fracture with good healing per the progress reports provided for review. Therefore, the request is not medically necessary, as criteria have not been met per the ODG.