

<b>Case Number:</b>	CM15-0241260		
<b>Date Assigned:</b>	12/18/2015	<b>Date of Injury:</b>	08/19/2015
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 is a 58 year old male who sustained a work-related injury on 8-19-15. Medical record documentation on 11-17-15 revealed the injured worker was three months status post right olecranon fracture. He reported that he was doing very well and his pain was markedly decreased. Objective findings included a clear and dry incision and no bony tenderness. An x-ray was described by the evaluating physician as revealing a delayed union of the olecranon following open reduction and internal fixation. His treatment plan included bone stimulator, continued physical therapy and return to modified work duty. A request for purchase of bone stimulator (Bioventus Exogen) for the right elbow was received on 11-20-15. On 11-25-15, the Utilization Review physician determined purchase of bone stimulator (Bioventus Exogen) for the right elbow was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The purchase of a bone stimulator (Bioventus Exogen) for the right elbow:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Bone growth stimulators, electrical.

**Decision rationale:** The MTUS is silent on the use of bone growth stimulators. Per ODG TWC with regard to bone growth stimulators, "Recommended as an option for non-union of long bone fractures." Per the medical records submitted for review, progress report dated 11/17/15 noted that the injured worker was 3 months status post right olecranon fracture. An x-ray was described by the evaluating physician as revealing a delayed union of the olecranon following open reduction and internal fixation. I respectfully disagree with the UR physician, as there was evidence of delayed union of the ulna, the request is medically necessary.