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| Case Number: | CM13-0008278 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 06/25/2011 |
| Decision Date: | 01/27/2014 | UR Denial Date: | 07/29/2013 |
| Priority: | Standard | Application Received: | 08/06/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Podiatric Surgery, and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the enclosed information, this patient sustained a right foot injury on 6/25/11. Due to circumstances set into motion by that injury, the patient underwent a right foot 3rd and 4th metatarsal head resection on 1/31/13. The follow-up progress notes do not advise of any difficulties in the postoperative time frame. During the 4/3/13 postoperative visit, the patient complained of right foot pain "in a different spot" than the surgery. X-rays revealed a stress fracture to the 2nd metatarsal without bone callous or displacement. The patient was placed in a low Aircast walker. The 5/6/13 progress note advises that the stress fracture shows healing on x ray.; the patient was advised to stay in the Aircast walker for 2-3 more weeks. The 5/30/13 progress note advises that patient was still having pain to the stress fracture site from time to time. On 6/24/13, the patient was still having right foot pain from the stress fracture at the 2nd metatarsal; x-rays demonstrated that the fracture still present. The patient was placed in fiberglass cast, and a bone stimulator was requested. The 7/11/13 progress note advises that the patient still has right foot pain, and is still without a bone stimulator. A new cast was applied to the right leg and foot. A diagnosis of non-union fracture of the right second metatarsal is noted. As of 8/2/13, she is still in pain with a continued non-union fracture of the 2nd metatarsal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone growth stimulator: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for the Ankle and Foot: Bone growth stimulators—electrical.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376.

Decision rationale: It is documented that first line treatments have been attempted, including foot immobilization with an Aircast boot, and a fiberglass cast, both for an appropriate amount of time. These modalities did not allow for healing of the fracture. The MTUS guidelines in chapter 14 state that there is limited evidence for the effectiveness of impulse compression or coupled electrical stimulation treatment to accelerate delayed fracture union. Table 14-6. Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints advises that coupled electrical stimulation or impulse compression for fracture is an "optional treatment." Based on the information in the MTUS guidelines, the bone stimulator would be a beneficial and medically necessary treatment for this patient's 2nd metatarsal fracture. The request is certified.