

<b>Case Number:</b>	CM14-0125164		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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:

This patient is a 61 year old male employee with date of injury of 1/22/2014. A review of the medical records indicates that the patient is undergoing treatment for right foot metatarsal fractures with fracture nonunion. Subjective complaints include pain in right foot, which has not improved as of July 2014. Objective findings include physical exam on 7/8/2014 revealing palpable pedal pulses, no edema; neurologic exam reveals sensorium is intact; musculoskeletal exam reveals some tenderness to palpation of the fracture site especially at the fifth metatarsal fracture head of the base. X-rays from 7/8/2014 reveal healing fractures of the base of the third, fourth, and fifth metatarsal remains stable alignment, complete bony bridging has not yet been achieved. Prior x-rays were completed on 1/22/2014, 2/7/2014, 2/27/2014, 3/20/2014, 4/15/2014 that indicate continued healing of fifth metatarsal fracture. X-ray performed on 5/6/2014 indicate stable fracture. X-ray performed on 6/3/2014 indicate continued healing. Treatment has included post-operative shoe, which he has difficulty putting on due to discomfort and physical therapy. The utilization review dated 7/22/2014 non-certified the request for Eoxgen Bone Stimulation for the right foot because claimant does not meet ODG criteria.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eoxgen Bone Stimulation for the right foot: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- foot and knee

**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, Bone Growth Stimulators

**Decision rationale:** MTUS is silent on bone growth stimulators. Exogen Bone Growth Stimulator is an ultrasound based growth stimulator. ODG states regarding ultrasound bone growth stimulators, "Recommended as an option for non-union of long bone fractures or fresh fractures with significant risk factors."ODG additionally clarifies, "Low intensity ultrasound treatment may be considered medically necessary in patients with nonunion of bones, excluding the skull and vertebrae, when all of the following criteria are met: (1) At least three months have elapsed since the date of fracture and the initiation of conventional fracture treatments; (2) Serial x-rays have confirmed that no progressive signs of healing have occurred; (3) The fracture gap is one centimeter or less; & (4) fracture is adequately immobilized. Medical records indicate greater than three months have lapsed. There appears to be at least 7 x-rays that indicate healing fracture without complete bony union. While the fracture appears to be immobilized, X-rays provided do not indicate the size of the fracture gap, which is required per ODG guidelines. Recent size of the fracture gap is necessary and is not documented in the medical records. As such, the request for Exogen Bone Stimulation for the right foot is not medically necessary.