

<b>Case Number:</b>	CM14-0161728		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 49 year old male with a date of injury on 9/17/2013. Diagnoses include right foot contusion and right foot crush injury. Subjective complaints are of continued right foot pain with weakness and numbness in the right lower extremity. Physical exam showed mild diffuse tenderness across the midfoot without instability or crepitus. A right foot X-ray from 3/18/14 noted healing fractures of the right 2-3 metatarsal bones. CT scan from 3/18/14 noted healing 2-3 metatarsal fractures, and mild to moderate hypertrophic changes. Prior treatment has included medications, physical therapy, crutches, equalizer boot, and a brace.

### 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 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 Ankle and Foot Chapter, Bone Growth Stimulators, Electrical

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FOOT/ANKLE, BONE STIMULATOR

**Decision rationale:** The ODG recommends bone stimulators as an option for non-union of long bone fractures or fresh fractures with significant risk factors. Also, limited studies show that patients who received post-operative low intensity ultrasound following ankle fusion showed a statistically significant faster healing rate on plain radiographs at 9 weeks and CT scan at 12 weeks. Limited evidence has been shown for the use of ultrasound fracture healing in Charcot neuroarthropathy. For this patient, the fractures are not recent, and x-ray and CT scan show appropriate healing of the sustained fractures. Therefore, the request for a bone stimulator is not consistent with guideline recommendations, and the medical necessity is not established. Therefore the request is not medically necessary.