

<b>Case Number:</b>	CM14-0092476		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Pain Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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:

Based on the information submitted for review, the request for Exogen Bone Stimulator is non-certified. As per the clinical notes, he has been complaining of right foot pain. His MRI revealed diffuse edema throughout the tibial sesamoid suggestive of a fracture. The Official Disability Guidelines (ODG) recommend ultrasound bone stimulators as an option for non-union of long bone fractures or fresh fractures with significant risk factors. The injured worker reported an injury in 2011 and a recent MRI shows evidence of a possible fracture. However, there is no documentation showing evidence of non-union or significant risk factors for ineffective healing. Therefore, in the absence of sufficient information to show necessity for bone growth stimulation, the request is not supported. As such, the request for Exogen Bone Stimulator for the right foot is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exogen bone stimulator unit 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 ACOEM (American College of Occupational and Environmental Medicine)ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), Ankle & Foot Procedure Summary.

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

**Decision rationale:** Based on the information submitted for review, the request for Exogen Bone Stimulator is non-certified. As per the clinical notes, he has been complaining of right foot pain. His MRI revealed diffuse edema throughout the tibial sesamoid suggestive of a fracture. The Official Disability Guidelines (ODG) recommend ultrasound bone stimulators as an option for non-union of long bone fractures or fresh fractures with significant risk factors. The injured worker reported an injury in 2011 and a recent MRI shows evidence of a possible fracture. However, there is no documentation showing evidence of non-union or significant risk factors for ineffective healing. Therefore, in the absence of sufficient information to show necessity for bone growth stimulation, the request is not supported. As such, the request for Exogen Bone Stimulator for the right foot is not medically necessary.