MAXIMUS Federal Services

Case Number:	CM14-0215398		
Date Assigned:	01/05/2015	Date of Injury:	03/22/2012
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

The patient is a 51-year-old female with an injury date on 3/22/12. The patient complains of ongoing right foot pain/tingling and difficulty ambulating per 10/1/14 report. The patient states that the right lower extremity is weak, causing the patient to fall per 9/18/14 report. The patient also has L-spine pain that has increased since her last visit, rated 10/10 on VAS scale per 9/18/14 report. Based on the 10/1/14 progress report provided by the treating physician, the diagnoses are:1. s/p right midfoot fusion with persistent nonunion 2. right foot neuromaA physical exam on 10/1/14 showed “full range of motion of right ankle/foot. tenderness to palpation over the mid-foot and first web space drosally. Tinel's sign is positive." The patient’s treatment history includes medications, right foot X-ray. The treating physician is requesting bone stimulator for right foot. The utilization review determination being challenged is dated 11/26/14 and denies request as there is no evidence to support indication for stimulator at 15 months post attempted fusion . The requesting physician provided treatment reports from 5/14/14 to 11/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone growth stimulator, right foot: Overturned

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

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 chapter, section on Bone growth stimulators (BGS)

Decision rationale: This patient presents with right foot pain and lower back pain and is s/p right foot metatarsal fracture ORIF on 5/19/12, following by a mid-foot fusion with right iliac graft on 8/17/13. The treater has asked for Bone stimulator for right foot on 10/1/14. The treater states in10/1/14 report that before we considered a third surgery for her, I do believe a bone stimulator is a most appropriate treatment to allow for a chance of completing her fusion. An X-ray of the right foot dated 9/23/14 showed orthopedic screws projecting over the cuneiforms and first through third proximal metatarsal bone per 10/1/14 report. The recent radiographs show that the midfoot fusion still has not taken place, and still has obvious non-union of her midfoot fusion per 10/1/14 report. Regarding bone growth stimulators, ODG ankle chapter states they are recommended as an option for non-union of long bone fractures. In this case, the patient has a persistent nonunion of the midfoot fusion. ODG foot/ankle chapter states that bone stimulators are indicated for non-union of long bone fractures. The request is medically necessary.