

<b>Case Number:</b>	CM14-0097641		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/07/2010
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 54 year old male, who sustained an industrial injury on 12/07/2010. Diagnoses include knee pain left, tibia fracture upper end closed, tibia fracture plateau medial, tibia fracture plateau lateral, knee sprain/strain cruciate ligament (new) and knee meniscus derangement medial. Treatment to date has included multiple surgical interventions (including open reduction internal fixation (ORIF) of left proximal tibia fracture 12/08/2010 and hardware removal in 2012, and an open reduction and bone graft status post nonunion 2/12/2013), medications, bracing and diagnostics. Per the Primary Treating Physician's Progress Report dated 3/03/2014, the injured worker was one year and one month status post ORIF left medial tibial plateau fracture nonunion and he is need of a cane and brace to ambulate. Objective findings included two broken screws and a clear lack of healing with degenerative joint disease occurring per radiographs. The plan of care included a left knee arthroplasty, continued use of cane and brace, medications and home therapy. Authorization was requested for Exogen bone growth stimulator, left leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exogen bone growth stimulator, left leg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & leg (acute & chronic).

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

**Decision rationale:** The claimant sustained a work injury in December 2010 with a left proximal tibial fracture. He underwent ORIF in 2010 with hardware removal in 2012 and a second ORIF with bone grafting in February 2013. When seen, there had been a nonunion. A left total knee replacement was planned. Authorization for use of a bone growth simulator following the planned surgery was requested. An ultrasonic bone growth stimulator such as an Exogen stimulator can be considered medically necessary for the treatment of fresh, closed or Grade I open fractures or when there is a nonunion. In this case, knee replacement surgery is being planned. There is no new fracture. Although prior use of a bone growth stimulator would likely have been appropriate, requesting it at this time is not appropriate or medically necessary.