

<b>Case Number:</b>	CM15-0128169		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	12/22/2014
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Emergency Medicine

### 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 is an 81 year old male with a December 22, 2014 date of injury. A progress note dated March 27, 2015 documents subjective complaints (left hip pain rated at a level of 7/10; pain radiates to the left knee, low back, and left leg with calf swelling; increased pain with range of motion; difficulty sleeping; lower back pain rated at a level of 5-7/10 which is secondary to being lopsided; headaches; difficulty urinating; difficulty with activities of daily living), objective findings (discomfort of the lumbar spine at L4-L5; difficulty walking without a cane; limps on the left side; unable to perform toe and heel walking; Trendelenburg test is positive on the left; range of motion cannot be tested because of the hip; restricted range of motion of the left hip; discomfort with range of motion of the cervical spine), and current diagnoses (left hip fracture; left lumbar radiculopathy; headaches; sclerosis and arthritis of the left hip). Treatments to date have included surgical repair of a femur fracture, medications, use of a cane, x-rays of the left hip (show presence of a left hip fracture repair, sclerosis of the head with presence of collapse at the fracture site with the screws being prominent), and physical therapy. The treating physician documented a plan of care that included an EBI bone growth stimulator for the left hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EBI Bone Growth Stimulator left hip:** 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 Chapter, bone growth stimulator, electrical.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip: Bone growth stimulator, electrical.

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, bone growth stimulators may be recommended in situations of non or delayed union of bone fractures. The last progress note provided is dated 3/15 and the request for EBI bone growth stimulator was dated 7/15. Last progress note provided notes concern for delayed union but no additional radiological reports or progress notes was provided since that original progress note. It is unclear why there is a 4-month delay between original visit and request. Without additional information or more recent progress note, the documentation fails to support request. EBI bone growth stimulator is not medically necessary.