

<b>Case Number:</b>	CM15-0176199		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 injured worker is a 61 year old male who reported an industrial injury on 5-28-2014. His diagnoses, and or impressions, were noted to include: left distal tibia and fibula fracture; delayed union left distal tibia; and gait abnormality. No current imaging studies were noted. His treatments were noted to include: the Emergency Room visit (5-29-15); physical therapy - left ankle (July & Aug., 2015); medication management; and modified work duties. The progress notes of 7-31-2015 reported persistent pain, rated 7 out of 10, in the left ankle and foot that was made better with rest and medication, and worse with weather and activities; that Tramadol helped his pain come down from a 5 to a 3 out of 10; that he had currently finished 2 out of 12 sessions of physical therapy for the left ankle, which had increased functionality. Objective findings were noted to include: no acute distress; a slow antalgic gait pattern with use of cane; tenderness over the medial aspect, at the portal scar, of the left knee; tenderness over the medial and lateral aspect of the lower extremity and malleoli; decreased strength with inversion and eversion of the left ankle; and tenderness over the well-healed incision site of the left ankle and lower tibia-fibula. The physician's requests for treatments included a bone stimulator, recommended in April 2015 by another physician, for continued delayed non-union fracture of the left ankle. The Request for Authorization for the bone stimulator was not noted in the medical records provided. The Utilization Review of 8-18-2015 non-certified the request for a bone stimulator.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone Stimulator:** 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, Bone growth stimulators.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, bone stimulator is not medically necessary. Bone growth stimulators (BGS) are under study. There is conflicting evidence, so case-by-case recommendations are necessary. Some limited evidence exists for improving diffusion rate of spinal fusion surgery in high-risk cases (e.g. revision pseudoarthrosis, instability, smoker). There is no consistent medical evidence to support or refute the use of these devices for improving patient outcomes. Criteria for use of invasive or noninvasive electrical bone growth stimulators may be considered medically necessary as an adjunct to spinal fusion surgery, for patients with any of the following risk factors for failed fusion: one of our previous failed spinal fusions: grade 3 or worse spondylolisthesis; fusion to be performed at more than one level; current smoking habit; diabetes, renal disease, alcoholism; or significant osteoporosis demonstrated on radiographs. In this case, the injured workers working diagnoses are left distal tibia and fibula fracture; delayed union left distal tibia; and gait abnormality. Date of injury is May 28, 2014. Request for authorization is August 12, 2015. The injured worker sustained a left distal tibial fibula fracture with open reduction internal fixation. According to an August 8, 2015 progress note, the injured worker has persistent pain in left ankle that foot. The injured worker has completed 2 out of 12 physical therapy sessions (the most recent set of physical therapy). Objectively, the injured worker ambulates with the cane and has tenderness over the medial and lateral aspect of the left lower extremity. There are no radiographs in the medical record indicating nonunion of the fracture. The treating provider is requesting a bone stimulator. The treating provider is requesting a bone stimulator that was recommended by a [REDACTED] in April 2015 report. There is no April 2015 report by [REDACTED]. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, recommendations for a bone stimulator by a provider with no documentation by that provider ([REDACTED]) in the medical record and no radiographs of the affected bone indicating nonunion, bone stimulator is not medically necessary.