

<b>Case Number:</b>	CM15-0025623		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: 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 28-year-old male injured worker suffered and industrial injury on 5/13/2013. The diagnoses were right ringer finger fracture and non-union of the repair. The diagnostic studies were magnetic resonance imaging of the right wrist and x-rays. The treatments were physical therapy and surgery to the right ring finger 7/26/2013 and 7/1/2014. The treating provider reported reproducible popping at the right small CMC joint with focal tenderness The Utilization Review Determination on 2/4/2015 non-certified Post-Op bone stimulator for 3 months and to assess monthly thereafter for right hand, citing ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op bone stimulator for 3 months and to assess monthly thereafter for right hand:**

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), Forearm, Wrist and Hand Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines hand, wrist and elbow chapter, Bone growth stimulators, electrical.

**Decision rationale:** This patient has been recommended to repair nonunion right small carp metacarpal joint, possible right ring metacarpal joint using right distal radius bone graft. The current request is for post-op bone simulator for 3 months and to assess monthly thereafter for right hand. The ODG guidelines under the hand, wrist and elbow chapter has the following regarding Bone growth stimulators, electrical: Recommended in selected long bone fractures. Supported for fresh or poorly healing scaphoid fractures or fractures with poor healing despite 3 months of appropriate conservative care. Bone stimulators are routinely used for delayed unions and non unions, but not indicated for the treatment of acute fractures or stress fractures. (Zura, 2007) See also the Knee Chapter. Criteria for the use of Electrical bone growth stimulators: Non-union of long bone fracture (5-10% exhibit signs of delayed or impaired healing) and ALL of the following (except in cases where the bone is infected, and the 90-day waiting period would not be required): The two portions of the bone involved in the non-union are separated by less than 5 millimeters; The bone is stable at both ends by means of a cast or fixation and A minimum of 90 days has elapsed from the time of the original fracture. In this case, the Utilization review non-certified the request for surgery on 2/4/15. Therefore, post-operative use of a bone stimulator is not indicated at this time. This request IS NOT medically necessary.