

Case Number:	CM15-0042318		
Date Assigned:	03/12/2015	Date of Injury:	12/18/2014
Decision Date:	04/22/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/05/2015

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 injured worker is a 29 year old male, who sustained an industrial injury on 12/18/2014. He reported sustaining injuries during an altercation with a suspect with a machete. The injured worker was diagnosed as status post open reduction-internal fixation of a left ulnar fracture, status post amputation of the distal phalanx of the long digit and left hand laceration repair and gunshot wound to left lower extremity. Treatment to date has included surgery, therapy and medication management. Currently, a progress note from the treating provider dated 1/12/2015 indicates the injured worker reported doing well postoperatively with thumb discomfort with limited range of motion and tenderness at left arm surgical site.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Exogen 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 (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 hand, wrist and elbow chapter has the following regarding Bone growth stimulators, electrical.

Decision rationale: The 29 year old patient presents with broken left arm, severe lacerations to his left arm and hand, amputated left 3rd middle finger, bullet wound to left leg, laceration to right leg and on face, and chipped tooth, as per progress report dated 02/01/15. The request is for purchase of exogen bone stimulator. The RFA for the case is dated 02/23/15, and the patient's date of injury is 12/18/14. The progress reports do not document the patient's work status. 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 nonunions, 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; AND 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, none of the progress reports discusses the request. The patient is suffering from multiple bone fractures. However, there is no indication of non-union or poor healing. In fact, in progress report dated 02/01/15, the treating physician states that wound is "healing well." Hence, the request IS NOT medically necessary.