



Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	4/16/2013
Date of Injury:	2/1/2013
IMR Application Received:	5/22/2013
MAXIMUS Case Number:	CM13-0000444

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Smith & Nephew bone stimulator to be applied on the right foot daily for three months is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/22/2013 disputing the Utilization Review Denial dated 4/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/24/2013. A decision has been made for each of the treatment and/or services that were in dispute:

MAXIMUS Federal Services, Inc. has determined the request for Smith & Nephew bone stimulator to be applied on the right foot daily for three months is medically necessary and appropriate

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in podiatric surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

After review of the enclosed information it appears that the employee sustained a right foot injury on 2-1-2013. A non displaced fracture of the right 2nd metatarsal was diagnosed with x ray on 2-6-2013. An MRI of the right foot on 3-1-2013 demonstrates a stress fracture at the base of the 2nd metatarsal as well as a ganglion or synovial cyst to the plantar soft tissue of the midfoot. On 4-2-2013 the employee visited Dr. [REDACTED] complaining of continued pain to the right foot, with some swelling. Pain to the base of the second metatarsal was noted upon physical exam and X-rays revealed bone callus to the medial and lateral base of the 2nd metatarsal right. Diagnoses include fractured foot, acquired equinus, and ganglion unspecified. Prior treatments have included braces, CAM walker, vicodin, motrin, and rest. The employee was advised that smoking may cause delayed healing. Six to eight weeks of non-weight bearing was recommended, and a bone stimulator was recommended for this employee for "acute right second metatarsal fracture." The request was received on 4-9-2013. On 5-2-2013, the employee was seen by Dr. [REDACTED] for evaluation. Pain to the 2nd metatarsal base and swelling to the right foot was still noted. X rays that day reveal increased bone callous to the base of the 2nd metatarsal with moderate soft tissue edema. The employee was advised to be fitted for compression stockings and to start ambulation with a controlled ankle motion (CAM) walker and assistive device. On 6-3-2013 a visit with the podiatrist revealed a "significant decrease in intensity of pain and swelling since the last visit. The employee has been using the bone stimulator for the past 10 days. PE reveals less edema and pain to the area, and the x ray findings are noted below.

The following x-rays obtained in the office:

X-rays of the right foot AP lateral and medial oblique:

Hypertrophic callus formation on medial and lateral base of second metatarsal. Significant increasing trabecular pattern formation across the base of the second metatarsal fracture. The fracture line is still visible radiographically. Mild soft tissue edema on lateral view. No change in elevation of second ray compared to previous x-rays.

Assessment:

The employee was recommended to increase weight bearing and to continue the bone stimulator. The employee was seen 7-2-2013 and notes improvement, with x ray findings that day noted below:

The following x-rays obtained in the office:

X-rays of the right foot AP lateral and medial oblique:

Healed fracture across the base of second metatarsal. Significant increase in trabecular pattern formation across the base of the second metatarsal fracture. The fracture line is not visible radiographically. Mild to moderate soft tissue edema on lateral view. No change in elevation of second ray compared to previous x-rays.

The employee was instructed to return to full weight bearing with elastic stockings.

On 7-19-2013 the employee visited the primary care provider (PCP) stating that the foot is feeling much better. No pain of significant edema is noted to the right foot.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Smith & Nephew bone stimulator to be applied on the right foot daily for three months:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pg 376, table 14-6, which is part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM guidelines indicate that coupled electrical stimulation or impulse compression is an optional physical treatment method for foot fractures. It is noted that there is at least one scientific study for this modality of patients with foot and ankle complaints. The medical records provided for review indicate that the employee has used the bone stimulator for ten (10) days, and has been recommended to increase weight-bearing and to continue use of the bone stimulator. During the most recent office visit, the employee indicated that the foot was feeling better, and there was no pain or significant swelling of the right foot. The request meets guideline criteria. **The request for Smith and Nephew bone stimulator to be applied on the right foot daily for three months is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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