

<b>Case Number:</b>	CM14-0115830		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 39 year old male who was injured on 8/30/2013. The diagnoses are fracture of the right index finger. The patient underwent multiple surgical procedures including removal of hardware and revision of nonunion with bone graft. The last procedure was on 5/22/2014. On 6/30/2014, it was noted that the surgical scar was healed. There was some tenderness and decreased range of motion. The alignment was noted to be appropriate but the fracture gap was noted to be one millimeter. On 9/19/2014, it was noted that another revision surgery is planned because the plate was too long. The patient is currently undergoing PT treatments. The medications are Norco and Duragesic patch for pain and Ambien for sleep. A Utilization Review determination was rendered on 7/17/2014 recommending non certification for 1 Ultrasound bone stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 ultrasound 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), Forearm, wrist & hand (acute & chronic)

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

**Decision rationale:** The CA MTUS did not address the use of bone stimulators in the treatment of post-operative non-union of bone fractures. The Official Disability Guidelines (ODG) recommends that bone stimulators can be utilized for the management of non-union that did not resolve after more than 3 months of conservative management and surgery. The records indicate that the patient had the last surgical revision on 5/22/2014 and it was noted that a fourth surgery is being planned because the plate was noted to be too long. The patient did not meet the criteria for bone stimulator because another surgical revision procedure is being planned. Therefore, this request is not medically necessary.