

Case Number:	CM14-0154171		
Date Assigned:	09/23/2014	Date of Injury:	11/01/2013
Decision Date:	11/04/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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 Internal Medicine 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 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 patient is an injured worker who sustained a crush injury of the right foot on 11/1/13. The physician's first report of occupational injury dated 11/1/13 documented that the x-ray of the right foot revealed comminuted fracture deformity tuft of the first and second phalanx. The diagnosis was crushing injury to the right foot with fracture of the first and second toes. Orthopaedic primary treating physician report dated July 14, 2014 documented subjective complaints of occasional minimal pain in the right great toe and inability to flex the IP interphalangeal joint of the right great toe. Physical examination was documented. The patient walks with a normal gait. The nail plate has regrown two-thirds and is not particularly tender at this time. Range of motion of the great toe reveals normal extension at the MP metatarsophalangeal and IP interphalangeal joints, but the patient cannot flex the IP joint of the right great toe. Regrowth of nail plate to two-thirds normal size was noted. Loss of long flexor tendon to right great toe with inability to flex the IP joint in push-off was noted. Diagnoses were crush injury with fracture of terminal tuft of the right great and second toes, healed; avulsion and loss of flexor hallucis longus tendons of the right great toe; and healed nail plate with tendency to ingrow. X-Ray of the right first toe performed March 11, 2014 reported remote healed appearing complete transverse fracture is seen involving the terminal tuft of the distal phalanx of the first digit, with moderate lateral displacement of the distal fracture segment. A remote healed appearing complete fracture is appreciated involving the terminal tuft of the distal phalanx of the second digit, with mild anterior displacement of the distal fracture segment. Mineralization is within normal limits. No significant degenerative changes seen. Old healed fractures of the terminal tufts of the first and second digits are seen. Progress report dated 8/13/14 documented distal first digit pain and a request for an EBI bone stimulator. Utilization review determination date was September 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EBI Bone growth stimulator for the right foot: 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 chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Bone growth stimulators, electrical

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address bone growth stimulators. Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) states that bone growth stimulators (electrical) are recommended as an option for non-union of long bone fractures. Orthopaedic primary treating physician report dated July 14, 2014 documented that the fracture of the terminal tuft of the right great and second toes were healed. X-ray of the right first toe performed March 11, 2014 reported remote healed fracture of the distal phalanx of the first digit. A remote healed fracture of the distal phalanx of the second digit was reported. Healed fractures of the first and second digits were seen. The orthopedic report dated 7/14/14 and x-ray dated 3/11/14 documented healed fractures, not non-union. Because the fractures were healed, the use of a bone growth stimulator is not supported per ODG guidelines. Therefore, the request for EBI Bone growth stimulator for the right foot is not medically necessary.