

Case Number:	CM13-0014850		
Date Assigned:	10/07/2013	Date of Injury:	02/11/2013
Decision Date:	01/21/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 physician 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 7/23/13 Utilization Review (UR) letter from [REDACTED] reports a 63 year old, female with a 2/11/13 injury. Apparently the patient was struck by a vehicle traveling at 30 mph and she had loss of consciousness, occipital hematoma, pelvic fractures, metatarsal fracture, lumbar spine fracture, and left tibia/fibula fracture. The patient had Open Reduction Internal Fixation (ORIF) of the tibial plateau on 2/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 X-ray of the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: This is a 63 year old, female that was struck by a car while walking as a pedestrian and experienced a loss of consciousness and multiple fractures, including lumbar spine, pelvis and the left knee at the tibial plateau. She underwent ORIF at the tibial plateau on 2/15/13. According the the ACOEM guidelines, fractures are red-flags. The patient had surgery

at the left knee, and follow up radiographs are appropriate to evaluate healing and alignment. The request is in accordance with ACOEM guidelines.

Prospective request for 1 repeat X-ray of the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: This is a 63 year old, female that was struck by a car while walking as a pedestrian and experienced a loss of consciousness and multiple fractures, including lumbar spine, pelvis and the left knee at the tibial plateau. She underwent ORIF at the tibial plateau on 2/15/13. According to the ACOEM guidelines, fractures are red-flags. The patient had surgery at the left knee, and follow-up radiographs and repeat radiographs are appropriate to evaluate healing and alignment. The request is in accordance with ACOEM guidelines.

Prospective request for unknown physical therapy (PT) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: There is not enough information provided to confirm that the postsurgical knee PT is provided in accordance with MTUS guidelines. The duration and frequency or total number of sessions requested were not listed. Documentation does not substantiate whether or not the MTUS post surgical criteria has been met.

Prospective request for unknown prescription of Naprosyn: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-73.

Decision rationale: There is not enough information provided to confirm that the naproxen is provided in accordance with MTUS guidelines. The dosage and total number of tablets is not listed. Documentation does not substantiate whether or not the medication is provided in accordance with MTUS recommendations.