

Case Number:	CM13-0060229		
Date Assigned:	12/30/2013	Date of Injury:	06/04/2013
Decision Date:	04/01/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/03/2013

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 and is licensed to practice in Illinois. 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 patient is a 27-year-old injured worker who reported an injury on 06/04/2013. The mechanism of injury was noted to be the patient had a 1,500 pound piece of steel crush his foot. The patient had an intramedullary nailing of the right open fibular fracture status post crush injury on 06/15/2013. The patient had an x-ray of the right tibia fibula on 07/15/2013 which revealed the patient was status post ORIF for distal right tibia and fibular fractures without evidence of complication and near atomic alignment. Most recent documentation was dated 10/03/2013 which revealed the patient was mostly using crutches at about 25 pounds of weight bearing and a CAM boot for ambulating. The patient was taking Percocet for breakthrough pain and had not had physical therapy since the last visit due to worker's compensation issues. The patient was noted to have intact sensation in the saphenous and deep peroneal nerve distributions but was completely numb to touch over the majority of the plantar surface of the foot and had reduced sensation in the superficial peroneal distribution over the dorsum of the foot. In terms of the motor examination it was indicated the patient was able to dorsiflex about 5 degrees and plantarflex to 45 or 50 degrees. The patient had a tib-fib series done on the date of examination and it showed the beginnings of bony callous formation across the distal tibial fracture line. The hardware was noted to be stable without any loosening or failure. The request was made for physical therapy and medications. Patient's diagnosis was noted to be fracture of the tibia with fibula NOS open. The request per the Application for Independent Medical Review was for an MRI of the right knee between 11/27/2013 and 01/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM Guidelines indicate that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There was a lack of documentation of an objective physical examination to support the necessity for an MRI, as the most recent documentation was 10/03/2013. Additionally, there was a lack of documentation indicating the dates of service, type of conservative care and the patient's objective response to conservative care. The request for 1 MRI of the right knee is not medically necessary and appropriate.