

Case Number:	CM13-0067633		
Date Assigned:	01/03/2014	Date of Injury:	08/26/2013
Decision Date:	05/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 Occupational Medicine and is licensed to practice in New York, and North Carolina. 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 claimant is a 33 year old injured worker who sustained a tibial fracture on 8/26/13 when he slipped on a curb, twisting as he fell. He had proximal and distal tibial fractures, and a fibular head fracture. He had an ORIF of the left latera tibial plateau fracture on 9/9/13. He had left leg purplish discomfort and complaints of numbness. X-ray showed good fracture alignment. The patient reported pain in the ankle, altered sensation. He was believed to have possible post-traumatic reflex sympathetic dystrophy; vascular studies were requested to help confirm this diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 VASCULAR STUDIES OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of Colorado Division of Worker's Compensation; Washington State Dept. of Labor.

Decision rationale: The Washington State Dept. of Labor criteria, and the State of Colorado Division of Worker's Compensation include clinical components to diagnose RSD (CRPS-I).

These guidelines discuss diagnostic testing to aid in diagnosis. The automated test battery, plain films, 3-phase bone scans, diagnostic sympathetic blocks and thermography. An Automated Test Battery is recommended for diagnosis of CRPS I, a standard autonomic protocol that compared side-to-side skin temperature, resting sweat output, and quantitative sudomotor axon reflex test (QSART) measurements. Vascular studies are not mentioned as part of the criteria for diagnosing CRPS-I. The request for Vascular studies of the bilateral lower extremities is not medically necessary and appropriate.