

Case Number:	CM14-0039355		
Date Assigned:	06/27/2014	Date of Injury:	07/30/2013
Decision Date:	08/22/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/03/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 31-year-old gentleman who was riding a motorcycle that was struck by another vehicle resulting in a right tibial fracture on 07/30/13. The claimant underwent open reduction internal fixation on 07/30/13 followed by skin grafting procedure on 08/14/13. Records also document a third surgical process for delayed union in the form of a revision open reduction internal fixation with bone grafting on 01/27/14. The operative report from 01/27/14 gave a preoperative diagnosis of delayed union of the right tab/fib fracture that was initially an open injury. Operative findings indicated malunion of the fracture. The clinical report prior to the 01/27/14 surgery which was dated 10/30/13, documented no signs of infection and plain film radiographs showed circumferential bone deficit of 4 centimeters, and evidence of a prior antibiotic spacer. This is a retrospective request for the revision procedure with bone grafting performed 01/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective revision open reduction internal fixation with iliac crest bone graft with Bone Morphogenetic Protein (BMP) right tibia Date of Service 1/27/14 to 1/28/14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Wheelless Textbook of Orthopaedics online.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle Procedure, Open reduction internal fixation (ORIF).

Decision rationale: California MTUS ACOEM Guidelines do not address this request. Based upon the Official Disability Guidelines, the surgical process of 01/27/14 revision open reduction internal fixation with iliac crest bone graft with Bone Morphogenetic Protein (BMP) right tibia would be supported. This individual has evidenced of delayed union on preoperative radiological assessment and documented delayed union noted at the time of operative intervention. This individual sustained a complex injury in an open fashion of the tibia that despite initial surgical fixation developed delayed union and required revision open reduction internal fixation with iliac crest bone graft with Bone Morphogenetic Protein (BMP) of the right tibia on 01/27/14. This is based on postoperative imaging, findings and clinical presentation.