

Case Number:	CM15-0009533		
Date Assigned:	01/27/2015	Date of Injury:	12/16/2014
Decision Date:	03/16/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 55 year old male, who sustained an industrial injury on 12/21/14. He has reported pain in left groin to lower left extremity. The diagnoses have included left knee tibial stress fracture. Treatment to date is non-weight bearing and fracture boot. (MRI) magnetic resonance imaging of tibia/fibula dated 12/24/14 revealed focal anterior mid tibial cortical fracture with very small adjacent periosteal or subperiosteal hematoma versus less likely focal osteomyelitis with tiny abscess in the appropriate setting. Currently, the IW complains of significant red color change and tenderness in his foot when dependent, relieved with elevation. Physical exam dated 1/5/15 revealed mild tenderness and swelling over the distal two-thirds middle third junction of the medical aspect of the tibial shaft with mild swelling of the foot. On 1/15/15, utilization review non-certified the request for intermedullary nail fixation of the tibia fracture with 3-day inpatient stay and 12 post-op physical therapy visits, as there was no evidence of delayed healing in this 3-week old injury. As the medical necessity of the surgery was not evident, all ancillary requests were not medically necessary. The ODG was cited. On 1/16/15, the injured worker submitted an application for IMR for review of intramedullary nail fixation of the tibia fracture with 3 day inpatient stay and 12 post op physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramedullary nail fixation of the tibia fracture x 3 days inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Knee and Leg Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg; Open reduction and internal fixation (ORIF) Wheelless? Textbook of Orthopaedics. Tibial Stress Fractures. Updated 2/27/15. http://www.wheelessonline.com/ortho/tibial_stress_fractures

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not provide specific recommendations regarding this procedure. The Official Disability Guidelines recommend open reduction and internal fixation as an option for fractures when radiographic evidence indicates a displaced fracture or comminuted fracture, or an open fracture with bone protrusion. The Wheelless Textbook of Orthopaedics recommends the consideration of intramedullary nailing in chronic cases of tibial stress fracture. Guideline criteria have not been met. Guideline criteria have not been met. This patient presented 3 weeks status post injury with a diagnosis of left tibial stress fracture. There was no evidence of a displaced or comminuted fracture to support fixation. There was no detailed indication that this acute injury will fail to heal with reasonable conservative management. Therefore, this request for intramedullary nail fixation of the tibia fracture with 3 days inpatient stay is not medically necessary at this time.

Post Operative Physical Therapy (12 sessions visits): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.