

Case Number:	CM15-0101143		
Date Assigned:	06/03/2015	Date of Injury:	05/06/2015
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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

Certification(s)/Specialty: Ophthalmology

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 49 year old male, who sustained an industrial injury on 5/6/15. He has reported initial complaints of a right side facial injury after getting struck by a sledge hammer. The diagnoses have included facial bone fractures; facial lacerations, broken tooth #12, right conjunctival hemorrhage, and right periorbital edema. Treatment to date has included diagnostics, wound closure, Motrin, Keflex, Norco, and consultations. Currently, as per the physician progress note dated 5/7/15, the injured worker complains of cheek and nose pain rated 9/10 non pain scale and right eye injury with pain rated 9/10 on pain scale. The right head and facial pain is described as aching and shooting. He was not taking any medications at the time. The diagnostic testing that was performed included computerized axial tomography (CT scan) of the face dated 5/6/15 reveals complex right zygomatic fracture, right nasal bone fracture, right pterygoid fracture, non -displaced left maxillary fracture that extends into the left pterygoid plates. The computerized axial tomography (CT scan) of the head dated 5/6/15 reveals right zygomatic, temporozygomatic, and right lamina papyracea fractures. The physical exam reveals right periorbital edema/ecchymosis noted, sutures 2.5 centimeters intact and significant swelling is noted. The physician requested treatment included X-ray of mandible, partial (less than 4 views) to evaluate for fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of mandible, partial (less than 4 views): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head chapter - X-rays.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology.

Decision rationale: This is a patient who has clearly suffered major facial trauma. CT scan is clearly the imaging modality of choice in this setting. An initial head and face CT was performed which indicated that the mandible and TMJ to be intact. There are no medical notes to indicate why an additional X-ray of the mandible needed to be performed. In particular, what was the limitation with the initial CT (e.g. inadequate cuts or visualization) which prompted the X-ray order" If this evidence can be provided, the X-ray may be reasonable; otherwise it is not medically necessary since it has already been visualized on the initial CT.