MAXIMUS Federal Services

Case Number:	CM15-0102274		
Date Assigned:	07/01/2015	Date of Injury:	04/03/2015
Decision Date:	09/16/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/27/2015

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: Arizona
Certification(s)/Specialty: 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 04/03/15. He reported pain to his right knee after jumping down from a wall. Diagnoses include right tibial plateau fracture. Diagnostic testing and treatment to date has included emergency care, x-ray and CT of the right knee, orthopedic consultation, ice therapy, knee immobilizer, crutches, and pain medication. In an available doctor's report 04/10/15, the injured worker complains of increased pain and swelling to the right knee with inability to bear weight. The pain is moderately sharp, and radiates laterally. Physical examination of the right knee is remarkable for lateral pain with mild edema. Physician's recommendation is surgery. Requested treatments include surgery (type of surgery not specified), Qty: 1. The injured worker was under modified work at the time of doctor's report 04/10/15. Date of Utilization Review: 04/27/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery (Type of Surgery Not Specified), QTY: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tibial Plateau Fractures Treatment and Management. Medscape Online http://emedicine.medscape.com/article/1249872-treatment#d1.

Decision rationale: It appears that this patient is currently recovering from ORIF for tibial plateau fracture upon chart review. The utilization review decision was made preoperatively 4/27/2015. There is no CT or x-ray report available for review of the fracture, nor are there any orthopedic notes from the treating physician preoperatively specifically explaining the fracture and the proposed surgery. Fracture displacement ranging from 4-10 mm can be treated non-operatively; however, a depressed fragment greater than 5 mm should be elevated and grafted. The following are absolute indications for surgery: Open plateau fractures - Fractures with an associated compartment syndrome. Fractures associated with a vascular injury. The following are relative indications for surgery: Most displaced bicondylar fractures - Displaced medial condylar fractures - Lateral plateau fractures that result in joint instability. Contraindications for surgical treatment include the following: Presence of a compromised soft-tissue envelope (for immediate open reduction). Fractures that do not result in joint instability; or; deformity and can therefore be treated with non-operative modalities As the requesting physician did not specify what surgery was needed, the request for surgery (type of surgery not specified) is not medically necessary and the prior utilization review is upheld.