

Case Number:	CM15-0103222		
Date Assigned:	06/05/2015	Date of Injury:	01/30/2014
Decision Date:	07/10/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/29/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 32 year old male, who sustained an industrial injury on 01/30/2014. According to a progress report dated 04/30/2015, the injured worker complained of constant moderate to severe pain of the thoracic spine, lumbar spine, right knee and right ankle and foot. Physical examination of the ankles and feet demonstrated post-surgical scars on the right foot. There was 4+ spasm and tenderness to the right internal malleolus, right medial malleolus and right anterior heel. Varus test was positive on the right. A-P drawer test was positive on the right. Diagnostic impression included aftercare for surgery of the musculoskeletal system (right foot) repaired fracture of right foot, lumbar disc displacement without myelopathy, thoracic disc displacement without myelopathy, tear of medial meniscus of the right knee and right ankle sprain/strain. The provider noted that the injured worker had completed 9 acupuncture therapy sessions and showed significant functional improvement. Computed tomography scans of the tibia and right ankle were suggested by the qualified medical examiner to evaluate the efficacy of the surgery and the hardware. The treatment plan included acupuncture and computed tomography scan of the right tibia and right ankle. Currently under review is the request for computed tomography scan of the right tibia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed Tomography (CT) Scan Right Tibia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: The requested Computed Tomography (CT) Scan Right Tibia, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has constant moderate to severe pain of the thoracic spine, lumbar spine, right knee and right ankle and foot. Physical examination of the ankles and feet demonstrated post-surgical scars on the right foot. There was 4+ spasm and tenderness to the right internal malleolus, right medial malleolus and right anterior heel. Varus test was positive on the right. A-P drawer test was positive on the right. Diagnostic impression included aftercare for surgery of the musculoskeletal system (right foot) repaired fracture of right foot, lumbar disc displacement without myelopathy, thoracic disc displacement without myelopathy, tear of medial meniscus of the right knee and right ankle sprain/strain. The provider noted that the injured worker had completed 9 acupuncture therapy sessions and showed significant functional improvement. Computed tomography scans of the tibia and right ankle were suggested by the qualified medical examiner to evaluate the efficacy of the surgery and the hardware. The treating physician has not provided adequate documentation of evidence of red flag conditions nor positive findings on radiographs. The criteria noted above not having been met, Computed Tomography (CT) Scan Right Tibia is not medically necessary.