

Case Number:	CM15-0186421		
Date Assigned:	09/28/2015	Date of Injury:	04/21/2014
Decision Date:	11/03/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/22/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 36 year old male, who sustained an industrial injury on 4-21-2014. Medical records indicate the worker is undergoing treatment for backache, chronic pain and limb pain. A recent progress report dated 8-18-2015, reported the injured worker complained of low back pain and left leg pain with no change since last visit. Physical examination revealed lumbar tenderness, tenderness, proximal left media leg area and left lower extremity motor weakness. The right leg was not addressed on this visit. Left knee x-rays on 5-27-2015 showed a well-placed rod and anterior cortical defect with some posterior translation. Treatment to date has included surgery to the left tibia-fibula on 4-21-2014, physical therapy, home exercise program, Oxycontin and Norco. The physician is requesting Plain films of the contralateral right tibia-fibula. On 8-28-2015, the Utilization Review noncertified the request for Plain films of the contralateral right tibia-fibula.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plain films of the contralateral right tibia/fibula: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on knee complaints, states that imaging is indicated to determine the extent of ACL tear preoperatively. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Criteria per the ACOEM for imaging of the contra lateral tibia and fibula have not been met. The patient has low back pain and knee pain with no exam findings of the tibia and fibula on the contra lateral side to suggest red flag findings or serious pathology. Therefore, the request is not medically necessary.