

<b>Case Number:</b>	CM15-0186436		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Pennsylvania

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-work injury on 4-21-14. He reported initial complaints of left tibia-fibula pain. The injured worker was diagnosed as having left knee pain, rule out internal derangement, left proximal third tibia-fibula fracture status post internal fixation with intramedullary nail, left tibia delayed union and-or mal-union, and tibia and-or fibula fracture, proximal third, and left ankle pain. Treatment to date has included medication, pain management specialist, diagnostics, and physical therapy. Currently, the injured worker complains of constant low back pain along with radiating pain down the left leg with associated numbness and tingling. Movements were painful of the knee and leg. Work was not resumed from the last visit. Per the primary physician's progress report (PR-2) on 8-10-15, exam noted hamstring tightness bilaterally, decreased sensation over the left ankle, tenderness over the proximal one third anterior tibia with prominence. Current plan of care includes corrective surgery to the left tibia and-or fibula to replace the medullary rod and bone graft in the remaining defect. The Request for Authorization requested service to include CT scan of left tibia and fibula. The Utilization Review on 8-28-15 denied the request for CT scan of left tibia and fibula, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Knee complaints 2004.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of left tibia and fibula:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate/Approach to imaging modalities in the setting of suspected osteomyelitis.

**Decision rationale:** According to the 5/27/15 office note, there is concern that this worker may have an indolent infection that is responsible for his radiographic and clinical findings. For this reason a CT scan of the left tib-fib was requested. Neither the MTUS nor the ODG discuss this particular scenario or osteomyelitis. According to UpToDate, in cases of suspected osteomyelitis, "computed tomography (CT) is the modality of choice in circumstances where MRI imaging cannot be obtained. CT is useful for assessing cortical and trabecular integrity, periosteal reaction, intraosseous gas, and the extent of sinus tracts". "It is the most useful modality to evaluate for presence of osseous sequestra, and it can provide excellent anatomic delineation of adjacent soft tissues, therefore is medically necessary."