

Case Number:	CM15-0217443		
Date Assigned:	11/09/2015	Date of Injury:	01/14/2015
Decision Date:	12/22/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/04/2015

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: Preventive Medicine, Occupational 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 27 year old male, who sustained an industrial injury on 01-14-2015. He has reported injury to the left shoulder and bilateral lower extremities. The diagnoses have included multiple traumatic wounds to the bilateral lower extremities with status post open reduction and internal fixation of the left lower extremity; possible open multiple fractures of the right lower extremity with status post open reduction and internal fixation to the right leg, right tibia and fibula; multiple fractures; possible sinus tract infection with possible osteomyelitis of the left lower extremity; and possible nonunion of the left lower extremity, distal third. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Gabapentin, and antibiotics. A progress report from the treating physician, dated 09-10-2015, documented an evaluation with the injured worker. The injured worker reported right leg pain, rated at 2 out of 10 in intensity; the pain increases with prolonged walking, standing, and climbing stairs; left lower extremity pain, rated at 4-5 out of 10 in intensity; and the pain is increased with prolonged standing, walking, squatting, kneeling, and heavy lifting. Objective findings included he walks with a slight antalgic gait in the left lower extremity; he has postsurgical scars noted in the right leg with full range of motion; he has no neurological deficits in the right lower extremity; no sensory or motor deficits; he had full range of motion to the ankles and knees; he has postsurgical scars noted in the left leg with multiple surgeries, as well as significantly large skin graft on the mid-lateral aspect of the leg; he has sinus tract infection on the left distal medial third of the leg which has completely healed over at this point; he has had some tract which is noted to have a hole going up to the bone and this has healed over; at the present time, he has a gauze

over the sinus tract area; the gauze pack seems to get wet periodically; and he has decreased range of motion to the left ankle. The treatment plan has included the request for x-ray of the right leg anterior, posterior, oblique, and lateral; and x-ray of the left leg anterior, posterior, oblique, and lateral. The original utilization review dated 10-07-2015, non-certified the request for right leg anterior, posterior, oblique, and lateral; and x-ray of the left leg anterior, posterior, oblique, and lateral.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right leg anterior posterior oblique lateral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Radiography (x-rays).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter/Radiography (x-rays) Section.

Decision rationale: Per the MTUS guidelines and the ODG, leg/knee x-rays are recommended. In a primary care setting, if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence. A negative result on an Ottawa knee rule test accurately excludes knee fractures after acute knee injury. In this case, the injured worker was noted to have had multiple traumatic wounds to the bilateral lower extremities with status post open reduction and internal fixation of the left lower extremity; possible open multiple fractures of the right lower extremity with status post open reduction and internal fixation to the right leg, right tibia and fibula. Currently, there is a concern for a possible sinus tract infection of the left lower extremity leading to possible osteomyelitis of the left lower extremity; and possible nonunion of the left lower extremity, distal third. The treating physician has also planned a CT scan of the left leg to rule out the osteomyelitis. The x-rays of the left leg are warranted do to the possible nonunion but there is no indication for x-rays of the right leg. The request for X-ray of the right leg anterior posterior oblique lateral is not medically necessary.

X-ray of left leg anterior posterior oblique lateral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Radiography (x-rays).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter/Radiography (x-rays) Section.

Decision rationale: Per the MTUS guidelines and the ODG, leg/knee x-rays are recommended. In a primary care setting, if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence. A negative result on an Ottawa knee rule test accurately excludes knee fractures after acute knee injury. In this case, the injured worker was noted to have had multiple traumatic wounds to the bilateral lower extremities with status post open reduction and internal fixation of the left lower extremity; possible open multiple fractures of the right lower extremity with status post open reduction and internal fixation to the right leg, right tibia and fibula. Currently, there is a concern for a possible sinus tract infection of the left lower extremity leading to possible osteomyelitis of the left lower extremity; and possible nonunion of the left lower extremity, distal third. The treating physician has also planned a CT scan of the left leg to rule out the osteomyelitis. The x-rays of the left leg are warranted do to the possible nonunion. The request for X-ray of left leg anterior posterior oblique lateral is medically necessary.