

Case Number:	CM15-0224553		
Date Assigned:	11/20/2015	Date of Injury:	05/23/1997
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/16/2015

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: New York, Tennessee
 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:

This 52 year old man sustained an industrial injury on 5-23-1997. Evaluations include an undated needle guided biopsy that did not show osteomyelitis. Treatment has included oral medications and surgical intervention. Physician notes dated 9-24-2015 show complaints of tenderness to the leg with inability to jump up and down. The physical examination shows a soleus flap to the leg with a chronic wound that has been present for the past five years. Recommendations include leg x-rays and MRI with possible excision of soleus flap and creation of anterolateral thigh flap, latissimus flap, or other flap. Utilization Review denied a request for tibia-fibula x-rays and MRI on 11-3-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of left tibia/fibula: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Diseases: Bone & joint infections: osteomyelitis, acute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MRI's (magnetic resonance imaging) and Other Medical Treatment Guidelines UpToDate: Overview of osteomyelitis in adults.

Decision rationale: Per ODG, indications for MRI of the knee are as follows: Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Nontraumatic knee pain, adult nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement. Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. In this case, MRI of tibia/fibula is requested to rule out chronic osteomyelitis. The reference standard for diagnosis of osteomyelitis is isolation of bacteria from a bone biopsy sample obtained via sterile technique, together with histologic findings of inflammation and osteonecrosis. Bone biopsy may not be needed for patients with radiologic studies consistent with osteomyelitis in the setting of positive blood cultures. In this case, the patient has had needle biopsy, which was negative for infection. In addition, the patient has not had any significant change in his symptoms. MRI of tibia/fibula is not medically necessary. The request should not be authorized.