

Case Number:	CM15-0043694		
Date Assigned:	03/13/2015	Date of Injury:	03/03/2010
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/09/2015

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: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on March 3, 2010. He reported injury after being hit by a speeding car while assisting a broken down car. The injured worker was diagnosed as having lower limb pain. Treatment to date has included physical therapy, right above the knee amputation, right lower extremity prosthesis, medications, psychiatric treatment. On October 7, 2014, he returned for a follow-up visit after 4 months. He appears to be walking better and using the prosthesis full time. Physical findings noted his left leg strength is improved. He complains of pain in the left buttock, into the back of the left thigh and calf. His history notes prior back surgeries. The records indicate 4 views of the left tibia were taken and show improvement in bone formation with proper alignment on the left. The treatment plan included medications, follow up in 6 months with new x-rays of the left proximal tibia.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 x-rays of the tib-fib (2 views): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter, Radiography.

Decision rationale: The patient presents with pain in the left buttock, radiating into the back of the left thigh and calf. The request is for 5 X-RAY OF THE TIB-FIB (2 VIEWS). The RFA provided is dated 09/17/14. Patient has a history of back surgeries and RIGHT above knee amputation with prosthesis. Patient is temporarily totally disabled. Regarding x-ray of the knee, ODG Guidelines Knee & Leg Chapter under Radiography states 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. There was no progress report provided. Treating physician has not provided a reason for the request. The records indicate multiple views of the left tibia taken. The most recent radiographic evaluation on 10/07/14 which was compared to the previous imaging done on 05/21/14 showed no significant changes with expected post-surgical changes with near anatomical alignment of the tibia and fibula and improvement in bone formation with proper alignment on the left. Previous X-rays were performed on 04/24/14, 04/15/14, 03/05/14, and 01/28/14. The rationale for the performed X-rays is unknown. Per ODG guidelines x-rays may be warranted following acute trauma and upon clinical findings of focal tenderness, effusion, or the inability to bear weight. Review of the records provided does not indicate acute trauma or other new injury for which an X-ray would be useful in resolving a fracture. Furthermore, the patient is noted to be walking better and using the prosthesis full time. Examination findings do not discuss any positive Ottawa knee criteria. Therefore, this requested x-ray of the Tib-Fib IS NOT medically necessary.