

<b>Case Number:</b>	CM13-0006950		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 60 year-old male mechanic who was injured on 5/16/13 when he fell and landed on his right elbow, back and right leg. [REDACTED] evaluated the patient on 6/15/13 and finds tenderness in the back and left elbow. He finds swelling at the left knee with positive McMurray with medial and lateral joint line pain, 5-120 ROM. He requested MRI of the elbow, lumbar spine, right knee and right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

**Decision rationale:** The patient presents with low back, right knee, right elbow, and right ankle pain. The 6/15/13 orthopedic report evaluates the non-affected left elbow which is stable and tender to palpation. There is no examination of the injured elbow. The prior report is dated

6/11/13, from [REDACTED], and details both the injured right elbow and the non-injured left elbow. On 6/11/13 the right elbow is tender at the medial epicondyle, no effusion, no crepitus, and no dislocation. The California MTUS/ACOEM topics for imaging for the elbow states: "In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases of when surgery is being considered for a specific anatomic defect or to further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis." At the time of the right elbow examination 6/11/13, the symptoms have not been present for a 1-month or more (DOI was 5/16/13). The prior reports from [REDACTED] show a couple courses of chiropractic care, but no physical therapy. The 6/15/13 orthopedic report does not state that surgery is being considered for the elbow. The request for the right elbow MRI is not in accordance with MTUS/ACOEM guidelines.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The patient presents with low back pain, right knee, right ankle and right elbow pain, just under a month post-injury. The examination shows no radicular component to the lumbar complaints, with only palpatory tenderness. The California MTUS/ACOEM states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option" There are no objective findings that would identify a specific nerve on examination. The lumbar MRI is not in accordance with MTUS/ACOEM guidelines.

**MRI of the right knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Knee and Leg Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342.

**Decision rationale:** The patient presents with low back, right knee, right elbow, and right ankle pain. The 6/15/13 orthopedic report from [REDACTED] evaluates the non-affected left knee and finds swelling, 5-120 ROM and positive McMurrays and joint line pain. It occurs to me that this may be mis-labeled in [REDACTED] report, and may actually be an examination of the injured right knee, because [REDACTED], a few days earlier on 6/11/13 evaluated both knees and found the left knee to have normal ROM, non-tender, negative McMurrays, and no joint line pain. [REDACTED], on

6/11/13 states the right knee had positive McMurrays and the 5-120 ROM, and that the patient denies locking or buckling, but did have an antalgic gait. There is no mention of physical therapy or conservative care other than chiropractic care for the knee. Unlike the lower back, right elbow and right ankle, the patient does have orthopedic findings in the knee other than palpatory tenderness, and these are suggestive of meniscal/cartilage tear. The California MTUS/ACOEM guidelines, on table 13-5, page 343 does show the MRI does have the highest ability to identify and define meniscal tears. The request for the right knee MRI appears to be in accordance with the MTUS/ACOEM guidelines.

**MRI of the right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**Decision rationale:** The patient presents with low back, right knee, right elbow, and right ankle pain. The 6/15/13 orthopedic report from [REDACTED] states the ankle has swelling and tender to palpation and mild stiffness. There is no discussion of why the MRI of the ankle was requested. The 6/11/13 report from [REDACTED] reports the patient stating there was no foot or ankle pain. The California MTUS/ACOEM states: "Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery". The California MTUS/ACOEM guidelines do not recommend MRI for soft tissue foot/ankle injuries, other than for suspected osteochondritis dissecans in delayed recovery. However, there does not appear to be delayed recovery for the asymptomatic right ankle. The request for a right ankle MRI is not in accordance with MTUS/ACOEM guidelines.