

Case Number:	CM13-0028877		
Date Assigned:	09/08/2014	Date of Injury:	02/26/2013
Decision Date:	10/14/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/24/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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 records presented for review indicate that this 56-year-old gentleman was reportedly injured on February 26, 2013. The mechanism of injury is noted as continuous trauma due to repetitive work. The most recent progress note, dated July 28, 2014, indicates that there are ongoing complaints of bilateral knee pain and hip pain. The physical examination demonstrated tenderness over the lumbar spine at the midline and hamstring tightness. There was an effusion and crepitus of the right knee and crepitus of the left knee. Ambulation was performed with an antalgic gait favoring the right lower extremity. Diagnostic imaging studies are unknown. Previous treatment includes oral medications. A request had been made for an MRI the cervical spine, the right hip, and the right knee and was non-certified in the pre-authorization process on September 9, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The most recent progress note dated July 28, 2014, does not indicate that the injured employee has any complaints of cervical spine pain nor was there any abnormalities noted on the physical examination of the cervical spine. As such, this request for an MRI of the cervical spine is not medically necessary.

MRI right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, MRI, Updated March 25, 2014.

Decision rationale: According to the Official Disability Guidelines (ODG) an MRI of the hip seems to be the modality of choice for the next step after plain radiographs. There is no documentation that plain radiographs of the hip have been performed. Additionally, according to the most recent progress note dated July 28, 2014, the injured employee does complain of some bilateral hip pain; however, there are no abnormalities regarding the hip on a physical examination. For these reasons, this request for an MRI of the right hip is not medically necessary.

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, MRI, Updated October 7, 2014.

Decision rationale: According to the Official Disability Guidelines (ODG) an MRI of the knee is indicated for patellofemoral symptoms or the present of an effusion after initial radiographs are performed and stated to be non-diagnostic. The attached medical record does not indicate that the injured employee has had prior right knee radiographs. As such, this request for an MRI the right knee is not medically necessary.