

Case Number:	CM13-0031172		
Date Assigned:	12/04/2013	Date of Injury:	07/28/2009
Decision Date:	02/11/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 and is licensed to practice in Oklahoma and Texas. 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 53-year-old female who reported an injury on 03/21/2013 after the patient fell and hit her left knee, hand, right knee, left elbow, and right shoulder on the floor. The patient stated she has been having headaches, abdominal wall pain, and loss of urine control as well as left foot pain, left elbow pain, and right shoulder pain. A neurosurgical/neurological progress report dated 07/09/2013 indicated the patient was utilizing aquatic therapy with benefit. She continued to have persistent headaches, with decreased memory and confusion. On examination, it was noted that the patient had occipital tenderness, left temporal mandibular joint tenderness, café au lait spots on the right arm, anosmia, decreased sensation at all branches of trigeminal nerve, slight weakness of the left hand grip, slight dorsiflexion, left hemihypoesthesia, decreased sensation to bilateral ventral arms, forearms, right thenar region, and left hypothenar region. There was also decrease of sensation in the bilateral outer thighs, legs, and plantar more than dorsal surface of the feet. The patient had a mild limp in the left leg, and was positive for the Romberg test and Tinel's sign at both wrists. The patient had increased lumbar interscapular spasm as well as tenderness, and ecchymosis and swelling in the knees. Her straight leg raise was positive bilaterally at 40 degrees with radiating pain into the ipsilateral posterior thigh and foot. The physician recommended x-rays and MRI scans of the feet, shoulders, and knees, a trial of block injections to the lumbar spine and EMG/NCV studies. The provider further recommended continued course of aquatic therapy and acupuncture as well as an MRI of the right knee and ankle due to history of falling at work.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (TESLA 3.0 High Resolution) of the Right Ankle and Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Magnetic Resonance Imaging (MRI), is Recommended for Acute and Sub-Acute Anterior Cruciate Tear, page 347 and Special Studies and Diagnostic and Treatment Considerations -

Decision rationale: Regarding the request for an MRI (TESLA 3.0 High Resolution), of the right ankle and right knee, under California MTUS/ACOEM it states that MRI studies are used to determine the extent of ACL tears preoperatively which is recommended. Under the ankle and foot complaints chapter it states that disorders of soft tissue (such as tendonitis, metatarsalgia, fasciitis, and neuroma), yield negative radiographs and do not warrant other studies; for example, magnetic resonance imaging. MRIs may be helpful in clarifying a diagnosis such as osteochondritis dissecans in cases of delayed recovery. In the case of this patient, she underwent an MRI of the right knee without contrast on 04/16/2013 which noted an oblique tear involving the posterior horn of the medial meniscus. The lateral meniscus was intact with normal signal and morphology. There was articular cartilage within the lateral joint compartment intact with no full thickness chondral defect. There was noted mild chondral thinning involving the articular cartilage within the medial joint compartment with no full thickness chondral defect and the articular cartilage within the patellofemoral joint compartment is intact with normal appearance. The rest of the documentation does not indicate the patient will be undergoing any future knee surgeries. Furthermore, there is no indication the patient is having any form of ankle disorders. Her most recent evaluation was performed on 10/29/2013 which noted she had ROM 20/40 bilaterally for her ankles, and strength of 5/5 for both ankles. Beyond that, there is nothing indicating the patient is having any functional deficits, or discomfort in these regions. Official Disability Guidelines has also been referred to in this case which states that for repeat MRIs are appropriate for postsurgical needs to assess knee cartilage repair tissue. However, routine use of MRIs for followup of asymptomatic patients, following knee arthroplasty is not recommended. At this time, there is nothing in the documentation indicating the patient is having a significant change in her pathology to warrant a repeat MRI of her right knee. Furthermore, the documentation does not indicate the patient is having substantial limitations in her right ankle to warrant any form of imaging studies at this time. Therefore, the requested service for an MRI of the right ankle and knee are not considered medical necessity. As such, the requested service is non-certified.