

Case Number:	CM13-0035759		
Date Assigned:	12/13/2013	Date of Injury:	11/04/2006
Decision Date:	04/14/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/17/2013

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 Illinois. 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 patient is a 54-year-old female who reported injury on 11/04/2006. The mechanism of injury was noted to be a fall and an injury to the leg. In 03/2012, the patient had a left knee arthroscopy, synovectomy, and chondroplasty, and in 2001, a right knee arthroplasty, synovectomy, and chondroplasty. The patient was treated with physical therapy and Hyalgan injections. The patient had a previous lumbar MRI on 10/28/2010. The most recent documentation indicated that the patient had pain of a 5/10 to 6/10 in the left ankle. The patient was noted to have persistent low back pain. Physical examination revealed the patient had muscular strength in the lower extremities that was equal and bilaterally symmetrical. The patient's sensations were well-preserved in the lower extremities in regards to vibratory sense, proprioception, and pin prick. Deep tendon reflexes to the patella and Achilles were +2/4 and the plantar response was flexion. The pulses to the dorsalis pedis and posterior tibial were +2/4 and bilaterally symmetrical. The patient had a limp. The patient's diagnoses were noted to include status post twisting injury, left foot and ankle, post-traumatic arthrofibrosis, synovitis with lateral impingement lesion left ankle, and 2+ anterior instability of the left ankle. The request was made for a repeat lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI: 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, Low Back Chapter section on MRIs.

Decision rationale: The Official Disability Guidelines indicate that repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the patient's neurological examination was within normal limits and the physician was requesting a repeat MRI for the lumbar spine. There was a lack of documentation indicating the patient had a necessity for a repeat MRI as there was a lack of documentation indicating objective or subjective findings that had changed significantly. Given the above, the request for MRI is not medically necessary