

Case Number:	CM13-0041306		
Date Assigned:	06/13/2014	Date of Injury:	08/29/2013
Decision Date:	07/28/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/14/2013

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 Neurological Surgery 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 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 injured worker is a 59 year-old male was reportedly injured on 8/29/2013. The mechanism of injury is a slip and fall. The progress notes are handwritten and difficult to read. The most recent note dated 9/24/2013, indicates that there are ongoing complaints of low back pain and right lower extremity pain. The physical examination demonstrated tenderness to the right thigh and knee with decreased range of motion of the right knee; tenderness to the lumbar paravertebral musculature, with decreased range of motion of the lumbar spine; positive straight leg raise; and an abnormal gait. No plain radiographs available for review. Previous treatment included physical therapy, transcutaneous electrical nerve stimulation (TENS) and the following medications: Relafen, Norco and Flexeril. A request had been made for MRI without contrast, right leg and was not certified in the utilization review on 10/3/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST, RIGHT LEG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The ACOEM guidelines support an MRI for the evaluation of knee sprains, particularly to rule out fracture, as well as an MRI of the lumbar spine for patients with subacute and chronic radicular pain syndromes lasting at least 4 to 6 weeks and not trending towards improvement. A review of the available medical records failed to document a thorough knee or neurological exam, and any plain radiograph findings. The request was for an MRI of the right leg without contrast; however, the guidelines do not support imaging an entire lower extremity. Given the lack of documentation, this request is not medically necessary.