

Case Number:	CM13-0052183		
Date Assigned:	02/26/2014	Date of Injury:	06/07/2013
Decision Date:	08/08/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

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 injured worker is a 65-year-old individual who was reportedly injured on 6/7/2013. The mechanism of injury was noted as an injury while opening a sofa. The most recent progress note dated 3/6/2014, indicated that there were ongoing complaints of neck pain, upper and lower back pain, right and left shoulder/arm pains, right and left wrist/hand pains and right knee/ankle pains. The physical examination demonstrated right lower extremity light touch sensation, right mid anterior thigh, mid lateral calf and lateral ankle were intact. No recent diagnostic studies were available for review. Previous treatment included medications, interferential unit and light duty. A request had been made for magnetic resonance image of the right leg and was not certified in the pre-authorization process on 11/1/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for right leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation KNEE/LEG.

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

Decision rationale: According to MTUS guidelines, special diagnostic studies are not needed to treat and evaluate most of lower extremity complaints until after a period of conservative care and observation have taken place. After reviewing the medical documentation provided, there were no initial diagnostic studies performed on this patient to include radiographs. There was also no other compelling evidence such as joint effusion within the first 24 hours of a direct blow or fall, significant palpable tenderness, or inability to walk or weight bear. Therefore, the request for MRI for right leg is not medically necessary and appropriate.