

<b>Case Number:</b>	CM14-0003187		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in 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 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 52 year old male who reported an injury on 09/17/2013 secondary to a fall. The clinical documentation dated 01/08/2014 reported the injured worker complained of ongoing knee pain that radiates to his right hip and low back. The injured worker rated his pain at a 5-9/10. The physical examination of the right knee revealed tenderness to palpation of the patella, a negative McMurray's test and normal strength. The diagnoses included lateral ligament tear of the right knee, patellofemoral arthritis of the right knee, meniscocapsular separation at the posterior horn of the medical meniscus of the right knee and right knee contusion. The treatment plan included weight loss. An MRI of the right knee dated 11/16/2013 revealed the injured worker had a tear of the lateral collateral ligament, separation at the posterior horn of the medical meniscus. The injured worker had previously been treated with modification of activity, anti-inflammatory medications and some bracing. He has also participated in six sessions of physical therapy and a home exercise program. The injured worker's medication regimen included Mobic, Zanaflex and Neurontin. The request for authorization was submitted on 10/16/2013. A clear rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for MRI Lumbar Spine is not medically necessary. The injured worker has a history of knee pain treated with physical therapy, home exercise and medication. The ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The clinical information provided for review shows evidence the injured worker has completed six sessions of physical therapy, participates in a home exercise program and utilizes various medications for pain. However, as the guidelines recommend, there is no clear evidence of nerve compromise to include radiating pain, numbness, tingling and decreased muscle strength or that the injured worker is a candidate for surgery. Therefore, the request for MRI Lumbar Spine is not medically necessary.

**MRI RIGHT HIP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis (UPDATED 12/09/13) MRI.

**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 Chapter, MRI (Magnetic Resonance Imaging).

**Decision rationale:** The request for MRI Right Hip is not medically necessary. The injured worker has a history of knee pain treated with physical therapy, home exercise and medication. The Official Disability Guidelines state that an MRI of the hip is warranted when the findings are suggestive of osseous, articular or soft-tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft-tissue injuries; tumors. The clinical information provided for review shows evidence the injured worker has completed six sessions of physical therapy, participates in a home exercise program and utilizes various medications for pain. However, as the guidelines recommend, there is no clear evidence of hip symptoms to warrant an MRI at this time. The most recent note focuses on the right knee. Therefore, the request for MRI Right Hip is not medically necessary.