

Case Number:	CM14-0009256		
Date Assigned:	02/14/2014	Date of Injury:	11/19/2008
Decision Date:	06/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/23/2014

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 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 44-year-old male who reported an injury on 11/19/2008. The mechanism of injury was not specifically stated. The current diagnosis is herniated lumbar disc. The latest physician progress report submitted for this review is documented on 12/09/2013. The injured worker reported an improvement in pain symptoms. Physical examination was not provided. Current medications include oxycodone, ibuprofen, and gabapentin. Treatment recommendations at that time included continuation of current medication with a discontinuation of Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF THE LEFT 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), 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 & Pelvis Chapter, Magnetic Resonance Imaging.

Decision rationale: Official Disability Guidelines state indications for imaging include osseous, articular, or soft tissue abnormalities; osteonecrosis; acute occult and stress fractures; acute and

chronic soft tissue injuries; or tumors. The injured worker's physical examination was not provided for review. Therefore, there is no evidence of an acute abnormality of the left hip that would warrant the need for an imaging study. Therefore, the injured worker does not meet criteria as outlined by the Official Disability Guidelines. As such, the request is non-certified.

MAGNETIC RESONANCE IMAGING (MRI) OF THE LEFT KNEE: 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), MRI of the Knee

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Clinical parameters for ordering knee radiographs following trauma includes joint effusion within 24 hours, palpable tenderness over the fibular head or patella, an inability to walk or bear weight immediately, or an inability to flex the knee to 90 degrees. There is no comprehensive physical examination of the left knee provided for review. Therefore, the medical necessity has not been established. As such, the request is not medically necessary.