

Case Number:	CM14-0117671		
Date Assigned:	08/06/2014	Date of Injury:	07/19/2012
Decision Date:	09/11/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/28/2014

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 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 injured worker is a 70-year-old female who reported an injury after tripping on a telephone cord on 07/19/2012. The clinical note dated 06/06/2014 indicated diagnoses of lumbar radiculopathy and lumbar arthropathy. The clinical note is handwritten and hard to decipher. The injured worker reported low back pain rated 8/10 without treatment and 3/10 with medication. The injured worker reported morning stiffness. On physical examination, the injured worker had restricted range of motion of the lumbosacral back due to pain with tenderness to the lumbosacral paraspinal muscles. The injured worker ambulated with a cane. The injured worker's prior treatments were not included for review. The injured worker's medication regimen included Naproxen. The injured worker's treatment plan included continue Naproxen, remain active as tolerated, and return to clinic in 4 weeks for followup. The provider submitted a request for MRI of the right wrist, MRI of the right knee, and transportation for epidural injection. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for MRI, right wrist is not medically necessary. The California MTUS/ACOEM guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. The documentation submitted did not indicate evidence of exhaustion of conservative therapy such as NSAIDs and physical therapy. In addition, there were no indications of any red flags. The provider did not indicate a rationale for the request. Additionally, there was no assessment of the injured worker's right wrist. Therefore, the request for MRI of the right wrist is not medically necessary.

MRI, right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

Decision rationale: The request for MRI, right knee is not medically necessary. The California MTUS/ACOEM states if the patient does not have red flags for serious conditions, the clinician can then determine which common musculoskeletal disorder is present. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The provider did not indicate a rationale for the request. There was no evidence of exhaustion of conservative therapy such as NSAIDs or physical therapy to the right knee. In addition, there was no physical assessment of the right knee. Therefore, the request for MRI of the right knee is not medically necessary.

Transportation for epidural injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.dhcs.ca.gov/services/medi=cal/Documents/ManCriteria 32 MedTrans.htm](http://www.dhcs.ca.gov/services/medi=cal/Documents/ManCriteria%20MedTrans.htm) Criteria for Medical Transportation R-15-98E; Criterial Manual Chapter 12.1 Criteria For Medical Transportation and Related Services R - 15 - 98E ; II. Nonemergency Medical Transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Transportation.

Decision rationale: The request for transportation for epidural injection is not medically necessary. The Official Disability Guidelines (ODG) recommend transportation (to and from appointments) for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. There is a lack of evidence in the

documentation indicating the injured worker is significantly disabled or unable to perform self-transport. In addition, in the provided documentation, there is a lack of information indicating the rationale for the requested transportation. Therefore, the request for transportation for epidural injection is not medically necessary.