

Case Number:	CM14-0127731		
Date Assigned:	08/15/2014	Date of Injury:	05/03/2011
Decision Date:	09/18/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/12/2014

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 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 records, presented for review, indicate that this 45 year old female was reportedly injured on 5/3/2011. The mechanism of injury was noted as a fall. The most recent progress note, dated 7/28/2014, indicated that there were ongoing complaints of low back, knee, and right ankle pain. No recent medical records were submitted for review. Therefore, the utilization review, dated 7/28/2014, was used. It stated physical examination of the lumbar spine revealed normal gait, no thoracic and lumbar tenderness to palpation, no spasm and no motor sensory deficit noted. Right knee revealed minimal deficits. Left knee not noted. Right ankle/foot revealed slight angle tenderness and good total range of motion. Patella and Achilles reflex were 0/4 bilaterally and sensation intact in the lower extremities. No recent diagnostic studies are available for review. Previous treatment included right knee arthroscopy, physical therapy, injections, and medications. A request was made for MRI of the lumbar spine, bilateral knees, right ankle, and Voltaren gel and was not certified in the preauthorization process on 7/28/2014.

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): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) supports the use of MRI for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on exam and the claimant would be willing to consider operative intervention. Based on the clinical documentation provided, there is no evidence of radiculopathy. Also, the clinician does not document that the claimant is willing to consider operative intervention. As such, secondary to a lack of clinical documentation, the request fails to meet the ACOEM criteria and is deemed not medically necessary.

VOLTAREN GEL TO THE KNEES, LOW BACK AND RIGHT ANKLE TWICE DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support topical nonsteroidal antiinflammatories (NSAIDs) for the short term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral nonsteroidal antiinflammatories. The guidelines support four to twelve weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the claimant's diagnosis, date of injury and clinical documentation, this request is not considered medically necessary.

MRI BILATERAL KNEES: Upheld

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

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

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines recommend MRI in which mechanically disruptive internal derangement, or similar soft tissue pathology is concerned. After review of the medical records provided, there is no documentation of internal derangement physical exam. Therefore, this request is deemed not medically necessary.

MRI RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines recommend MRI in which mechanically disruptive internal derangement, instability, or similar soft tissue pathology is concerned. After review of the medical records provided, there is no documentation of internal derangement or limitation of function on physical exam. Therefore, this request is deemed not medically necessary.