

Case Number:	CM14-0131568		
Date Assigned:	08/20/2014	Date of Injury:	10/27/2012
Decision Date:	10/02/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal Medicine 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 52-year-old female who reported an injury of unknown mechanism on 10/27/2012. On 01/29/2014, her diagnoses included: lumbar spine sprain/strain, rule out herniated lumbar discs; clinical left lower extremity radiculopathy; left knee sprain/strain; internal derangement of the left knee; and left ankle sprain/strain with Achilles tendinitis. An MRI of the left knee on 05/15/2013 revealed mucoid type 2 degeneration of the medial and lateral menisci, moderate patellofemoral joint osteoarthritis and mild subluxation of the patella. An MRI of the left ankle from 07/11/2013 revealed mild pre-Achilles tendinitis, consistent with a possible vascular lesion or atypical enchondroma. An examination of the lumbar spine revealed tenderness to palpation over the para-axial musculature of the lumbosacral spine, with spasticity. There was referred pain to both buttocks and the left lower extremity. She had a positive straight leg raising test on the left at 40 degrees and on the right at 60 degrees. On 02/05/2014, she had an arthroscopic synovectomy and meniscectomy of the left knee. There was no rationale or Request for Authorization included in this injured worker's chart.

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.

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

Decision rationale: The California ACOEM Guidelines recommends that relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results, because of the possibility of identifying the finding that was present before symptoms began and therefore has no temporal association with the symptoms. False positive results have been found in up to 50% of those over age 40. MRI is specifically not recommended for lumbosacral strain. The guidelines do not support MRI in this case. Therefore, this request for MRI Lumbar spine is not medically necessary.

MRI Left 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): 343.

Decision rationale: The California ACOEM Guidelines suggest that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There was no submitted documentation of a course of conservative care regarding this worker's left knee. An MRI of the left knee was done on 05/15/2013. An arthroscopic surgery was performed on 02/05/2014. There was no rationale or justification for a repeat MRI. Therefore, this request for MRI Left Knee is not medically necessary.

MRI Left Ankle.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The California ACOEM Guidelines state that for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red flag issues are ruled out. There was no submitted documentation of any course of conservative care with this worker's left ankle. The guidelines specifically state that MRI's are not recommended for sprain or tendinitis. A need for an MRI of the ankle was not clearly demonstrated in the submitted documentation. Therefore, this request for MRI Left Ankle is not medically necessary.