

Case Number:	CM14-0176311		
Date Assigned:	10/29/2014	Date of Injury:	07/12/2007
Decision Date:	12/05/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/24/2014

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 American Board of 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 (IW) is a 63-year-old woman with a date of injury of July 12, 2007. The mechanism of injury occurred due to cumulative trauma. The accepted injury is to the neck, bilateral wrists, shoulders, bilateral knees, and low back. The current diagnoses are: L4-S1 disc herniation with marked facet arthropathy; disc deterioration and degenerative changes, status-post C5-C7 anterior cervical discectomy and fusion on July 16, 2014. Treatments have included: Carpal tunnel release in 2007; right shoulder surgery in 2010; lumbar epidural steroid injections; Hyalgan injections to the right knee; right thumb surgery on June 19, 2012; right knee surgery on August 9, 2012, C5-C7 anterior cervical discectomy and fusion on July 16, 2014; diagnostics; medications; medical office visits, physical therapy; and acupuncture. In the most recent progress note dated September 15, 2014, the IW continues to have limited range of motion of the neck with numbness to both hands, but is substantially improved since before the surgery. She continues to have lower back pain, knee pain, and bilateral shoulder pain. Pain is rated 7-8/10 and is constant. Her pain is improved with rest, and worsens with activity. Objective physical examination findings revealed left knee appearance was normal. There was negative quadriceps atrophy. Negative varus valgus laxity. Negative McMurray's test, and Lachman's test. The right knee revealed wounds are clean and dry, sutures are intact. Examination of the right hip reveals negative tenderness over the greater trochanteric bursa. Negative pain with internal rotation. Negative Trendelenburg. Negative Patrick's test. There was no objective finding regarding the left hip, right and left ankles. Current diagnoses include: Claw hand, left hand; bilateral cubital tunnel syndrome, right knee degenerative disc disease meniscal and popliteal cysts; right shoulder tendinitis; herniated disc, degenerative disc disease lumbar spine; radiculitis left lower extremity; cervical, thoracic multi-level disc protrusions; right wrist, rule-out tear, mass, DeQuervain's tenosynovitis, right trigger thumb; chronic regional pain syndrome type I; status-

post right carpal tunnel release; and left knee meniscal tear. (Right hip internal derangement. Right tibial contusion). The provider recommends for a static brace to prevent further clawing of the injured worker's hand. Treatment plan indicated that the IW will continue current care.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee QTY:1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Chapter, MRI

Decision rationale: Pursuant to the ACOEM practice guidelines and the Official Disability Guidelines, MRI of the right knee is not medically necessary. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology in its most recent appropriateness criteria lists the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following the trauma: patient is able to walk without a limp, patient had a twisting injury and there is no effusion, joint diffusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk (four steps) or bear weight immediately or within a week of trauma, and inability to flex need to 90. Mostly problems improve quickly once any red flag issues are ruled out. For patients without significant Hemarthrosis and history of acute trauma, radiology is indicated to evaluate for fracture. The ODG's criteria include but are not limited to, acute trauma to the knee including significant trauma. Repeat MRIs are indicated postsurgical need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. In this case, the injured worker had MRIs of both the left and right knee on January 3, 2013. There is no subjective complaint referable to the knees. There is insufficient documentation of acute changes since those MRIs. (Page 225-226) Consequently, repeat MRI of the right knee and left knee are not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, MRI of the right and left knee are not medically necessary.

MRI left knee QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.343.

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

Decision rationale: Pursuant to the ACOEM practice guidelines and the Official Disability Guidelines, MRI of the right knee is not medically necessary. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology in its most recent appropriateness criteria lists the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following the trauma: patient is able to walk without a limp, patient had a twisting injury and there is no effusion, joint diffusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk (four steps) or bear weight immediately or within a week of trauma, and inability to flex knee to 90. Mostly problems improve quickly once any red flag issues are ruled out. For patients without significant hemarthrosis and history of acute trauma, radiology is indicated to evaluate for fracture. The ODG's criteria include but are not limited to, acute trauma to the knee including significant trauma. Repeat MRIs are indicated postsurgical need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. In this case, the injured worker had MRIs of both the left and right knee on January 3, 2013. There is no subjective complaint referable to the knees. There is insufficient documentation of acute changes since those MRIs. (Page 225-226) Consequently, repeat MRI of the right knee and left knee are not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, MRI of the right and left knee are not medically necessary.

MRI right hip QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Integrated Treatment/Disability Duration Guidelines; Hip & Pelvis (Acute & Chronic)

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI evaluation of the right hip and left hip are not medically necessary. Indications for imaging (MRI) of the hip according to the guidelines are osseous, articular or soft tissue abnormalities, osteonecrosis, occult and stress fracture, acute and chronic soft tissue injuries, and tumors. Exceptions for MRI are suspected off to your request the Osteoid Osteomas and labral tears. In this case, there is no documentation to support the diagnosis of osseous, articular or soft tissue abnormalities. There are no subjective complaint referable to the hips. The examination did not show tenderness over the greater trochanteric bursa negative internal rotation. (Page 225-226 of the record) Consequently, MRI evaluation of the right hip and the left hip are not medically necessary. Based on clinical information the medical record and the peer-reviewed evidence-based guidelines, MRI evaluation of the left hip and right hip or not medically necessary.

MRI left hip QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Integrated Treatment/Disability Duration Guidelines; Hip & Pelvis (Acute & Chronic)

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI evaluation of the right hip and left hip are not medically necessary. Indications for imaging (MRI) of the hip according to the guidelines are osseous, articular or soft tissue abnormalities, osteonecrosis, occult and stress fracture, acute and chronic soft tissue injuries, and tumors. Exceptions for MRI are suspected off to your request the Osteoid Osteomas and labral tears. In this case, there is no documentation to support the diagnosis of osseous, articular or soft tissue abnormalities. There are no subjective complaint referable to the hips. The examination did not show tenderness over the greater trochanteric bursa negative internal rotation. (Page 225-226 of the record) Consequently, MRI evaluation of the right hip and the left hip are not medically necessary. Based on clinical information the medical record and the peer-reviewed evidence-based guidelines, MRI evaluation of the left hip and right hip or not medically necessary.

X-ray of right ankle QTY: 1: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, x-rays of the right ankle and x-rays of the left ankle are not medically necessary. The indications for imaging are suspected ankle injury in patients needing Ottawa rules. These include inability to bear weight immediately after the injury, point tenderness of the medial malleolus with the posterior edge or inferior tip of the lateral malleolus or calcaneous; inability to ambulate for four steps in the emergency room. For additional details on chronic ankle pain see the ODG. In this case, the documentation does not reflect persistent unresolved bilateral ankle pain. There are no subjective complaint referable to the ankles. Consequently, the documentation doesn't support an inability to weight bear along with point tenderness, the ankle radiographs are not medically necessary. (Page 225-226) Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, x-rays of the right ankle and left ankle are not medically necessary.

X-ray of left ankle QTY: 1: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, x-rays of the right ankle and x-rays of the left ankle are not medically necessary. The indications for imaging are suspected ankle injury in patients needing Ottawa rules. These include inability to bear weight immediately after the injury, point tenderness of the medial malleolus with the posterior edge or inferior tip of the lateral malleolus or calcaneous; inability to ambulate for four steps in the emergency room. For additional details on chronic ankle pain see the ODG. In this case, the documentation does not reflect persistent unresolved bilateral ankle pain. There are no subjective complaint referable to the ankles. Consequently, the documentation doesn't support an inability to weight bear along with point tenderness, the ankle radiographs are not medically necessary. (Page 225-226) Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, x-rays of the right ankle and left ankle are not medically necessary.