

Case Number:	CM14-0021782		
Date Assigned:	02/24/2014	Date of Injury:	02/01/2013
Decision Date:	07/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 Occupational 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:

This is a 35-year-old male patient with a 2/1/13 date of injury. An 11/20/13 progress report indicates improved right heel pain, but residual severe pain in the left heel. There is also pain in the bilateral hips, groin, and bilateral knees. There is minimal pain in the low back. Physical exam demonstrates bilateral calf atrophy. A 12/18/13 supplemental report indicates that the patient made slow, but steady gains with physical therapy. The patient sustained bilateral calcaneal fractures for which he underwent ORIF on 2/11/13. He also sustained fractures of the L2 and L5 transverse processes. Treatment to date has included ORIF, medication, and physical therapy. The patient was noted to be reaching a plateau with physical therapy, but was also noted to be non-compliant with home exercise program.

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 KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, the Official Disability Guidelines criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. However, medical reports were reviewed and a comprehensive physical exam that would corroborate a clinical suspicion for internal derangement was not provided. There is no evidence that plain films were obtained. Mechanical symptoms are not reported either. Therefore, the request is not medically necessary.