

Case Number:	CM14-0040740		
Date Assigned:	06/27/2014	Date of Injury:	06/13/2011
Decision Date:	08/14/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/07/2014

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 Family Practice, 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 41 yr. old female claimant sustained a work injury on 6/13/11 involving the knee, back and ankles. She was diagnosed with lumbar, knee and ankle sprains. An MRI on August 24, 2013 indicated the claimant had L3-L4 and L4-L5 disc bulging. A progress note on 2/5/14 indicated the claimant had 7/10 pain in the involved regions. Examination findings included tenderness in the spinous processes and decreased in range motion of the lumbar spine. Straight leg raise was positive. The right knee had medial joint line tenderness and a positive McMurray's test. The right ankle had tenderness over the plantar fascia. The physician had ordered an MRI of the lumbar spine, right ankle and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equine, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, the claimant

had an MRI within the prior 6 months. The clinical indications do not warrant an MRI. There is no plan for surgery. The request above is not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: An MRI of the knee is indicated for Anterior Cruciate Ligament tears pre-operatively. In this case, the clinical findings were not acute after injury. The exam findings did not indicate an ACL tear. The request for an MRI of the knee is not medically necessary.

MRI of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to the ACOEM guidelines, disorders of soft tissues are negative on radiographs and do not warrant an MRI unless it is to diagnose delayed recovery in osteochondritis dessicans. The claimant did not have emergent or recent findings suspecting, trauma, tumor or infection. The request for an MRI of the ankle is not medically necessary.