

Case Number:	CM14-0061771		
Date Assigned:	07/09/2014	Date of Injury:	02/03/2014
Decision Date:	09/16/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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 Illinois. 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 34 year-old female who reported an injury on 02/03/2014 reaching for a package in the wheel well. The injured worker's diagnosis was sprained left hamstring. The injured worker's past treatments include physical therapy, medication therapy and an ace wrap. The injured worker completed 12 therapy visits. Past diagnostics include x-ray which was negative for fracture or acute bony pathology. The injured worker complained of left hamstring pain. The injured worker also complained of constant pain that increased with squats or lunges and she indicated that it is tender to touch. On physical examination dated 04/09/2014, there was tenderness to palpation over the left hamstring and pain with stretching of the left hamstring. The injured worker was able to heel and toe raise, but with pain, and also able to lunge to 30 degrees. The injured worker's medication included Norco 5/325. The injured worker's treatment plan was the request for an MRI of the lower extremity. The rationale for the request was increasing pain to upper thigh and hip area. The request for authorization form was not submitted with documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

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

Decision rationale: According to the CA MTUS/ACOEM Guidelines, states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The guidelines also indicate that most problems improve quickly once any red flag issues are ruled out. The injured worker has completed 12 out of 12 sessions of physical therapy. On 03/19/2014, documentation indicates the injured worker continues to have improvement of symptoms. Although the injured worker continues to complain of pain, there is documentation indicated within the clinical record that the injured worker's symptoms have improved with rehab, compression wraps, and physical therapy. Additionally, the request for the MRI of the lower extremity did not specify which lower extremity. The request is not supported by guidelines. As such, the request for an MRI of the lower extremity is not medically necessary.