

Case Number:	CM14-0073583		
Date Assigned:	07/16/2014	Date of Injury:	03/15/2006
Decision Date:	09/15/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/20/2014

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 Orthopedic surgery 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 65-year-old male who sustained work-related injuries on March 15, 2006. He has history of headaches, deep vein thrombosis of the lower extremities, Achilles tendon injury, and leg swelling. On September 5, 2013, he underwent bilateral lower extremity venous Doppler ultrasound. Findings revealed deep venous thrombosis extending from the right superficial femoral vein to the calf veins but no evidence of deep venous thrombosis of the left lower extremity. Records dated March 31, 2014 documents that his pain level has increased since last visit and had a fall which injured his left leg. Objectively, his lumbar spine was noted to have restricted range of motion with spasms, tenderness and tight muscle band of the paravertebral muscles, bilaterally. Straight leg raising test was positive bilaterally. Motor examination revealed 4-/5 of the bilateral extensor hallucis longus, ankle reflexes was 4/5 bilaterally, ankle planter flexor was 4/5 bilaterally, knee extensor was 4/5 bilaterally, knee flexor was 4/5 bilaterally, and hip flexor's was 4/5 bilaterally. A request for a magnetic resonance imaging scan of the right calf was recommended to rule out injury to the gastrocnemius, as well as magnetic resonance imaging scan of the right knee. Ultrasound of the right knee leg was also mentioned. On April 24, 2014, the injured worker underwent magnetic resonance imaging scan of the left knee with no contrast. Findings revealed severe medial compartment arthrosis with free margin tear and degenerative fraying in the posterior horn and body of the medial meniscus; increased signal and thickening of the distal anterior cruciate ligament which may be secondary to degeneration. Sprain/partial tear cannot be excluded, particularly given the history but no evidence of complete disruption; intrameniscal degeneration and degenerative fraying in the anterior horn of lateral meniscus; and moderate to severe patellofemoral arthrosis with Grade 2 to 3 chondrosis. Foci of full-thickness chondral fissuring are present. He also underwent ultrasound of the bilateral lower extremities on April 25, 2014 which revealed persistent deep

venous thrombosis involving superficial femoral and popliteal vein but no evidence of deep venous thrombosis involving left lower extremity. Most recent progress notes dated May 2, 2014 documents that the injured worker still has severe pain since he fell secondary to March 2012 work-related injury due to right leg giving way, as well as left Achilles pain. He also noted that he has weird tightness to the upper leg. On examination, edema was noted on the right lower extremity while on the left side tenderness with limited range of motion was noted. A request for a magnetic resonance imaging scan of the left calf/Achilles was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left calf: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 3/3/2014) MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-368. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Magnetic resonance imaging (MRI).

Decision rationale: According to the indications provided by evidence-based guidelines, a magnetic resonance imaging directed to the left ankle is warranted if one of the following were met: chronic ankle pain, suspected osteochondral injury, plain films normal; chronic ankle pain, suspected tendinopathy, plain films normal; chronic ankle pain, plain films normal. Also, evidence-based guidelines indicate that radiograph evaluation may be performed if there is a rapid onset of swelling and bruising, if the injured worker's age exceeds 55 years, if the injury is high velocity, in the case of multiple injury or obvious dislocation/subluxation, or if the injured worker cannot bear weight more than four steps. In this case, the injured worker does present tenderness with limited range of motion on the left ankle/calf area and is 65 years old and has history of persistent superficial vein thrombosis. However, records presented do not show that he had prior radiographic studies or he has met any of the above presented indicators or exhibit any red flags that may warrant a magnetic resonance imaging scan of the left calf. Based on this information, the medical necessity of the requested magnetic resonance imaging scan of the left calf is not medically necessary.