

Case Number:	CM14-0194287		
Date Assigned:	12/01/2014	Date of Injury:	04/22/2014
Decision Date:	01/20/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/20/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for the ankle, knee, hip, and foot pain reportedly associated with an industrial injury of April 27, 2014. In a Utilization Review Report dated 11/11/2014, the claims administrator failed to approve requests for MRI imaging of the bilateral knees, MRI imaging of the right Achilles tendon, and MRI imaging of the left foot. An MRI imaging of the right hip and electrodiagnostic testing of the bilateral lower extremities, conversely, were both approved. The claims administrator stated that its decisions were based on a September 23, 2014 progress note which was not; it is incidentally noted, seemingly incorporated into the claims administrator's Medical Evidence Log. The applicant's attorney subsequently appealed. In a progress note dated October 28, 2014, the applicant reported ongoing complaints of low back, right hip, right Achilles tendon, bilateral knee, left foot, and right upper extremity pain. The applicant was given diagnoses of ankle pain status post right Achilles surgery, left foot plantar fasciitis with residual cyst, bilateral knee internal derangement; status post left knee arthroscopy, right hip internal derangement, lumbar radiculitis, and rule out carpal tunnel syndrome. Work restrictions were endorsed, although the attending provider suggested that the applicant's employer was unable to accommodate said limitations. The applicant was reportedly awaiting authorization for MRI imaging of the bilateral knees, right hip, right Achilles tendon, left foot and electrodiagnostic testing of the bilateral lower extremities. The applicant also had pending consultations with a podiatrist, hernia specialist, and internist. The applicant reported frequent knee pain, exacerbated by squatting, kneeling, and negotiating stairs. The applicant also reported persistent right ankle pain as well as persistent left heel pain. Elbow and wrist pain were also evident. On August 28, 2014, the applicant was given prescriptions for Nalfon, Flexeril, Zofran, Prilosec, and tramadol. In an August 19, 2014 Doctor's First Report (DFR), the applicant had apparently

transferred care to a new primary treating provider. The applicant acknowledged that he was not working and had last worked for his employer on April 30, 2014. Multifocal complaints of left foot, bilateral knee, right hip, low back, and right elbow pain were reported. The applicant had a remote history of right knee surgery in 1991, right Achilles tendon surgery in June 2004, left knee surgery in January 2013, hernia surgery in April 1996, and a laparoscopic banding surgery in March 2008. The applicant was given diagnoses of plantar fasciitis, a history of bilateral knee surgery, lumbar discopathy, internal derangement of the right hip, and rule out carpal tunnel syndrome of the right wrist. The applicant exhibited tenderness about the knees with crepitation and a questionable McMurray maneuver appreciated bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the both knees: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-2,335.

Decision rationale: The attending provider suggested that internal derangement of the bilateral knees/meniscal derangement of the bilateral knees was the primary suspected diagnosis. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging can be employed to confirm a diagnosis of meniscal tear, ACOEM qualifies this recommendation by noting that such testing is indicated only if surgery is being contemplated. In this case, however, there is no evidence that surgery is being considered or contemplated. The requesting provider made no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving either knee on office visits of August 19, 2014 and October 28, 2014, referenced above. Therefore, the request is not medically necessary.

MRI of the right archilles tendon: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-5,375.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375 notes that MRI imaging scored a 2/4 in its ability to identify and define suspected ligamentous tears and/or tendinitis, as was/is seemingly suspected here, in this case, however, the requesting provider did not furnish any compelling applicant-specific rationale so as to augment the tepid ACOEM position on the article at issue. It was not stated how the proposed ankle MRI would influence or alter the treatment plan. There was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the right ankle. Rather,

it appeared that the attending provider was ordering MRI imaging of numerous body parts, including the hip, knees, foot, lumbar spine, etc., with no clearly formed intention of acting on the results of any of the studies in question. Therefore, the request is not medically necessary.

MRI of the left foot: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 14-5,375; 374.

Decision rationale: The attending provider gave the applicant a stated diagnosis of plantar fasciitis involving the left foot. However, the MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375 notes that MRI imaging scored a 0/4 in its ability to identify and define suspected fasciitis. Similarly, ACOEM Chapter 14, page 374 also states that soft tissue issues such as plantar fasciitis seemingly present here do not warrant other studies, such as the MRI imaging at issue. As with the multiple other MRI requests at issue, it was not clearly stated how the proposed left foot MRI would influence or alter the treatment plan. The attending provider did not furnish any applicant-specific rationale so as to offset the unfavorable ACOEM positions on MRI imaging for suspected plantar fasciitis. Therefore, the request is not medically necessary.