

<b>Case Number:</b>	CM15-0005204		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, Michigan  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 71 year old female who sustained an industrial injury on 3/9/2011. She has reported a trip and fall with left knee, right hand and low back pain. The injured worker reported an additional fall in 2012. The diagnoses have included rule out lumbar disc herniation versus facet syndrome, rule out left knee meniscus tear and right wrist DE Quervain's. Treatment to date has included rest, ice, and immobilization and medication management. Currently, the IW complains of right knee, right hand and back pain. On 12/24/2014, Utilization Review non-certified a magnetic resonance imaging of the knee, wrist and spine noting the lack of documented conservative measures. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** Per the MTUS, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation once red flags are ruled out. However MRI's can be valuable in identifying and defining specific knee pathology. A review of the injured workers medical records indicate that following her injury she did in fact get an MRI, however the findings of the MRI are not in the medical records that are available to me and there is also no documentation of any other type of imaging studies which may or may not have been performed. Without this information especially what the initial findings on MRI in the past have been it is difficult to establish medical necessity based on the guidelines. Therefore, the request for MRI Left Knee is not medically necessary.

**MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** The MTUS states that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However it may be appropriate when the physician believes it would aid in patient management. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion and should be reserved for cases in which surgery is considered or red -flag diagnoses are being considered. A review of the injured workers medical records that are available to me show an intact lumbosacral sensory and motor physical examination and there are no red flags, there was also no documentation of surgical considerations and therefore based on the injured workers current clinical presentation and the guidelines the request for MRI Lumbar Spine is not medically necessary and appropriate.

**MRI Right Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The MTUS states that most patients presenting with true hand and wrist problems do not need imaging once red flags are ruled out until after a 4-6 week period of conservative care and observation. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. A review of the injured workers medical records show that her injury which was a slip and fall occurred in 2011 and she is having persistent pain in her right wrist despite conservative care. She does have a diagnosis of De Quervain's tenosynovitis. Unfortunately, there is no mention of whether she has had any type

of radiographic studies including x-rays in the past and what the results were in the medical records that are available to me and without this information medical necessity cannot be established therefore the request for MRI of the right wrist is not medically necessary.