

Case Number:	CM15-0130063		
Date Assigned:	07/16/2015	Date of Injury:	01/21/2014
Decision Date:	08/20/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/07/2015

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: Connecticut, California, Virginia
 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 52 year old female who sustained an industrial slip and fall injury to her right side on 01/21/2014. The injured worker was diagnosed with internal derangement of the right ankle, internal derangement right knee and right hip pain. No surgical interventions were documented. Treatment to date has included diagnostic testing, ankle brace, equalizer boot, crutches, acupuncture therapy, numerous physical therapy sessions and over the counter medications. According to the primary treating physician's progress report on May 1, 2015, the injured worker continues to experience hip pain, right ankle pain with swelling, some improvement in right knee function and depression. Objective findings noted right knee tenderness with flexion at 90 degrees and extension at 5 degrees. The right ankle range of motion was documented at dorsiflexion at 15 degrees, plantar flexion at 30 degrees, and inversion at 15 degrees and eversion at 5 degrees. There were no objective findings of the lumbar spine. Current medications were not documented. Treatment plan consists of continuing with physical therapy and the current request for lumbar spine magnetic resonance imaging (MRI).

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. CT scan was unremarkable. Without further indication for imaging, the request for MRI at this time is not medically necessary per the guidelines.