

Case Number:	CM15-0141730		
Date Assigned:	07/31/2015	Date of Injury:	10/27/2014
Decision Date:	09/04/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/21/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 37 year old male, who sustained an industrial injury on 10-27-2014. He reported a left femur fracture due to falling off a ladder. Diagnoses have included left distal femur fracture status post IM nail on 10-27-2014, lumbar sprain, left quadriceps contracture, left knee pain and left medial ankle pain rule out tibialis posterior tendinopathy. Treatment to date has included surgery and medication. According to the progress report dated 6-18-2015, the injured worker complained of continued left-sided low back pain, left knee and thigh pain and left ankle pain. The injured worker was ambulating with the assist of a walker. Physical exam revealed tightness in the left quadriceps with pain to palpation. It was noted that physical therapy had been authorized, but had not started yet. Authorization was requested for magnetic resonance imaging (MRI) for the lumbar spine and left leg and x-rays of the left femur and left ankle.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. It was noted already the CT scan was negative in the lumbar spine. Furthermore, there is no documentation that patient has failed treatment and would consider surgery. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

X-Rays of the left femur and left ankle, standing anterior posterior and lateral views:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 341, 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, X-Ray; Knee, Ankle, Radiography.

Decision rationale: Regarding the request for X-Rays of the left femur and left ankle, standing anterior posterior and lateral views. ACOEM Guidelines states that ankle radiographs are appropriate if there is rapid onset of swelling and bruising; if patient's age exceeds 55 years; if the injury is high velocity; in the case of multiple injury or obvious dislocation/subluxation; or if the patient cannot bear weight for more than four steps. Guidelines also state that if Ottawa Criteria are met x-rays should be ordered if a fracture is considered. Additionally, special studies are usually not needed until after a period of conservative care and observation. In the documentation available for review, there is no documentation that the Ottawa criteria has been met, there is no obvious subluxation/dislocation, no rapid onset of swelling and bruising, patients age is not above 55, and no mention that the patient is unable to bear weight. Furthermore, no identification that the patient has failed any conservative treatment for these complaints, and no statement indicating how the treatment plan would be affected based upon the outcome of the currently requested imaging study. In the absence of such documentation, the currently requested X-Rays of the left femur and left ankle, standing anterior posterior and lateral views is not medically necessary.