

Case Number:	CM15-0144153		
Date Assigned:	08/05/2015	Date of Injury:	09/04/2012
Decision Date:	09/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A progress note dated May 26, 2015 documents subjective complaints (continues to do satisfactorily with the left knee; still having sciatic pain in the left thigh), objective findings (lumbar spine tenderness at L5-S1; antalgic gait; full range of motion of the left knee), and current diagnoses (status post left knee debridement; lumbosacral strain). The patient has had pain in left hip, sciatic pain. Physical examination of the lumbar spine on 5/26/15 revealed full ROM, tenderness on palpation and antalgic gait Physical examination of the left knee on 5/26/15 revealed full ROM. Treatments to date have included knee surgery and work restrictions. The treating physician documented a plan of care that included magnetic resonance imaging a computed tomography for the lumbar spine, left hip and left knee. The patient has had an EMG study on 3/20/15. The detailed report of the EMG was not specified in the records specified. The patient's surgical history includes left knee arthroscopic surgery on 6/9/14. The current medication list was not specified in the records specified. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine, left hip, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints Page(s): 303-304, 289-290, 341. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic) Official Disability Guidelines, Hip & Pelvis Chapter Official Disability Guidelines, Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): Chapter 12 : Page 303-304 and : CHAPTER 13: Knee Complaints Page 343 , Page 341. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition, Chapter: Low Back (updated 07/17/15), MRIs (magnetic resonance imaging), Chapter: Hip & Pelvis (Acute & Chronic), Hip & Pelvis (updated 08/04/15), MRI (magnetic resonance imaging).

Decision rationale: Request - MRI lumbar spine, left hip, left knee. Per the ACOEM low back guidelines cited below "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 who 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." Per ODG Hip & Pelvis guidelines cited below, hip MRI is indicated for, "Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors." The findings suggestive of osseous, articular or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries, tumors or other red flags were not specified in the records provided. Per the ACOEM guidelines cited above, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture." A detailed knee exam including tests for internal derangement like the Mc Murrays test, Anterior drawer test and tests for instability were not specified in the records provided. Patient did not have abnormal findings in the physical examination suggestive of significant internal derangement. Patient did not have evidence of severe or progressive neurologic deficits that are specified in the records provided. Findings indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. Details of PT or other type of therapy done since date of injury was not specified for this injury. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The patient has had full ROM of low back and left knee. Any significant functional deficits on physical examination that would require MRI study were not specified in the records provided. Documentation of response of oral pharmacotherapy in conjunction with other

rehabilitation therapy was not specified in the records provided. The MRI lumbar spine, left hip, left knee is not medically necessary for this patient.

CT scan left hip, left knee, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic) Official Disability Guidelines, Hip & Pelvis Chapter Official Disability Guidelines, Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CT (computed tomography), Low Back (updated 07/17/15), Hip & Pelvis (updated 08/04/15), CT (computed tomography), Knee & Leg (updated 07/10/15), Computed tomography (CT).

Decision rationale: CT scan left hip, left knee, lumbar spine. Per the ACOEM low back guidelines cited below "If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." In addition per the ODG guidelines lumbar CT is "Not recommended except for indications; lumbar spine trauma, with neurological deficit, with seat belt fracture; myelopathy traumatic, infectious disease patient; evaluate pars not identified by plain X-rays." In addition per the ODG guidelines hip CT "Indications for imaging - Computed tomography:- Sacral insufficiency fractures- Suspected osteoid osteoma- Subchondral fractures- Failure of closed reduction" Per the ODG guidelines knee CT "Recommended as an option for pain after TKA with negative radiograph for loosening." These indications for CT scan were not specified in the records provided. Patient did not have any progressive neurological deficits that are specified in the records provided. Findings suggestive of suspicious for tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. As per records provided patient has full ROM of low back and knee. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Prior PT visits notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Documentation of response of oral pharmacotherapy in conjunction with other rehabilitation therapy was not specified in the records provided. The medical necessity of the request for CT scan left hip, left knee, lumbar spine is not medically necessary in this patient.