

Case Number:	CM15-0169229		
Date Assigned:	09/11/2015	Date of Injury:	04/12/2010
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injury on 04-12-2010. Current diagnoses include thoracic disc disease, lumbar disc disease, rule out left ankle ligament tear, and bilateral knee internal derangement. Report dated 07-13-2015 noted that the injured worker presented with complaints that included pain in the mid and lumbar spine with radiation to the legs, pain in both knees, and pain in left foot and ankle. Other complaints included anxiety and gastrointestinal distress. It was documented that no treatment has been performed for a couple of years, knee surgeries were done through private insurance. Physical examination was positive for tenderness to the thoracic and lumbar spine with guarding, tenderness in the knees with weakness, tenderness in the left calcaneous, left ankle tenderness with instability. Previous diagnostic studies included an MRI of the lumbar spine, left foot and ankle in 2012. Previous treatments included medications, physiotherapy, chiropractic therapy, trigger point injections, extracorporeal shockwave therapy, LINT therapy, and surgical intervention. The treatment plan included requests for MRI scan of the thoracic and lumbar spine, right and left knee, and left foot and ankle, internal medicine consultation, and psych consult. The injured worker is working full duty with no limitations or restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Scan of thoracic, lumbar, knee and left ankle or foot: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13.

Decision rationale: The claimant sustained a work injury in April 2010 and was seen on 07/13/15. She was having mid and radiating low back pain, bilateral knee pain, and left foot and ankle pain. Physical examination findings included thoracic and lumbar spine tenderness with guarding. There was bilateral knee tenderness with weakness. There was left ankle and calcaneus tenderness with instability. Authorization is being requested for multiple MRI scans and internal medicine and psychiatry consults. Guidelines recommend against diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. In this case, multiple imaging studies are being requested which are not indicated. The request is not medically necessary.

Internal medicine consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in April 2010 and was seen on 07/13/15. She was having mid and radiating low back pain, bilateral knee pain, and left foot and ankle pain. Physical examination findings included thoracic and lumbar spine tenderness with guarding. There was bilateral knee tenderness with weakness. There was left ankle and calcaneus tenderness with instability. Authorization is being requested for multiple MRI scans and internal medicine and psychiatry consults. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has a chronic condition and the issue to be clarified and reason for the request is not specified. The requested internal medication consultation is not medically necessary.