

Case Number:	CM15-0190379		
Date Assigned:	10/02/2015	Date of Injury:	08/05/2011
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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, 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:

This 39 year old male sustained an industrial injury on 8-5-11. Documentation indicated that the injured worker was receiving treatment for headaches, lumbar herniated nucleus pulposus, lumbar radiculopathy, right knee medial meniscal tear, right ankle joint derangement, abdominal pain, anxiety, sleep disorder and mood disorder. Previous treatment included right knee arthroscopy, physical therapy, epidural steroid injections, trigger point injections, injections and medications. Magnetic resonance imaging lumbar spine (6-25-15) showed multilevel disc herniations with bilateral facet hypertrophy. Magnetic resonance imaging right ankle (6-23-15) showed a cyst in the calcaneus and a tibiotalar and subtalar joint effusion. Magnetic resonance imaging right knee (6-23-15) showed a vertical tear of the posterior horn of the medial meniscus, grade one chondromalacia patella and findings consistent with internal derangement. In a Pr-2 dated 8-21-15, the injured worker complained of low back pain with radiation to bilateral lower extremities, right knee pain, right ankle pain, abdominal pain and headaches. The injured worker rated his pain 5 to 8 out of 10 on the visual analog scale. The injured worker also complained of feelings of anxiety, stress, insomnia and depression. Physical exam was remarkable for lumbar spine with tenderness to palpation to the bilateral posterior superior iliac spine and paraspinal musculature with guarding, positive straight leg raise bilaterally, positive Braggard's test and decreased range of motion, "slightly" decreased sensation at the L4-S1 distributions bilaterally, 4 out of 5 lower extremity strength, right knee with 1+ effusion, tenderness to palpation at the joint lines, range of motion -10 degrees to 100 degrees and positive McMurray's, Lachman's and Apley's compression tests and right ankle with tenderness to palpation at the anterior talofibular ligament, inversion 15 degrees and positive varus stress,

anterior and posterior drawer tests. The treatment plan included continuing medications (Ketoprofen cream, Cyclobenzaprine cream, Synapryn, Tabradol, Deprizine, Dicopanol and Fanatrex), referral to an orthopedic surgeon for evaluation of the lumbar spine and right knee, a course of acupuncture and chiropractic therapy for the lumbar spine and right knee, platelet rich plasma therapy for the right knee, an electromyography and nerve conduction velocity test of bilateral lower extremities and a psychology consultation. On 8-21-15, a request was also submitted for magnetic resonance imaging lumbar spine, right knee and right ankle and a functional capacity evaluation. On 8-31-15, Utilization Review noncertified a request for magnetic resonance imaging of the lumbar spine, right knee and right 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, right knee, right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Knee Complaints 2004, Section(s): Summary, and Ankle and Foot Complaints 2004, Section(s): Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant already had an MRI 2 months prior. The request for another MRI of the lumbar spine is not medically necessary. According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended pre-operatively for determining the extent of an ACL tear. The claimant already had an MRI 2 months ago and another MRI of the knee is not medically necessary. The guidelines do not comment on MRI but recommend x-rays for acute injuries. The claimant already had an MRI 2 months ago and another MRI of the ankle is not medically necessary.