

Case Number:	CM15-0196220		
Date Assigned:	10/09/2015	Date of Injury:	10/11/2014
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old male with an industrial injury date of 10-11-2014. Medical record review indicates he is being treated for left lower extremity tibia and fibula pain, rule out occult fracture. Subjective complaints (08-25-2015) included right shoulder pain radiating to right elbow, left leg pain radiating to left lower extremity (knee to lower leg) neck pain and low back pain. X-ray of the left tibia-fibula (08-25-2015) was documented by the treating physician as showing evidence of mild calcifications in the region of the Achilles tendon on the lateral view at the insertion region to the calcaneus; otherwise no abnormalities noted. No fractures, no dislocations noted. Objective findings (08-25-2015) included antalgic gait favoring left lower extremity. Tenderness to palpation was noted over the mid-third of the left leg. Sensation was intact to light touch in all dermatomes of upper and lower extremities bilaterally. The treatment plan included MRI of the left tibia and fibula to evaluate for possible occult pathology, i.e. occult fracture. The treating physician documented; "In light of the patient's ongoing and persistent pain in the left leg and history of significant atrophy in the left leg secondary to polio, recommendation is made for an MRI scan of the left tibia and fibula." On 09-08-2015 the request for MRI of left Tibia/Fibula to rule out occult fracture tesla 1.5 or greater without contrast was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left Tibia/Fibula to rule out occult fracture tesla 1.5 or greater without contrast:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009,
Section(s): Introduction.

Decision rationale: MTUS does not specifically address this situation of unexplained pain in a patient with limb atrophy and a history of post-polio syndrome. An initial physician review rationale is not available in the records provided. MTUS recommends reconsidering a patient's diagnosis if a patient does not respond as expected to initial conservative treatment; with this rationale in mind, the requested MRI is consistent with MTUS principles. Therefore this request is medically necessary.