

Case Number:	CM15-0203230		
Date Assigned:	10/19/2015	Date of Injury:	02/09/2015
Decision Date:	12/07/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/15/2015

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:

The injured worker is a 42 year old female, who sustained an industrial injury on 02-09-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left knee or leg strain or sprain, left thigh or hip strain or sprain, and left ankle strain or sprain. Medical records (04-27-2015 to 09-14-2015) indicate ongoing painful and tight left calf, left ankle, left leg, left thigh and left buttock with spasms and swelling. Pain levels were rated 5-6 out of 10 in severity on a visual analog scale (VAS). Records also indicate increased activities of daily living with medications. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 09-14-2015, revealed pain, tenderness and swelling, restricted range of motion in the left lower extremity, and positive McMurray's test. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications. The patient had MRI of the left lower extremity and soft tissue on 2/2015 that revealed edema, microhemorrhage and micro tearing of the gastrocnemius. The medication list include Omeprazole, Cyclobenzaprine and Fenoprofen Per the note dated 5/21/15, 5/4/15 and on 4/2/15 the patient had negative McMurray and negative anterior drawer test

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left calf and knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter (Online version).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: 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. The patient had MRI of the left lower extremity and soft tissue on 2/2015 that revealed edema, microhemorrhage and micro tearing of the gastrocnemius. Significant changes in objective physical examination findings since the last MRI that would require a repeat MRI study of the left calf, were not specified in the records provided. Per the note dated 5/21/15, 5/4/15 and on 4/2/15 the patient had negative McMurray and negative anterior drawer test . In addition it is noted in the records that the patient's pain was relieved with medications. Patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The history or physical examination findings do not indicate pathology including cancer, infection, or other red flags. A recent knee X-ray report is not specified in the records provided. The rationale for the request for a repeat MRI of the left calf was not specified in the records provided. The medical necessity of the request for MRI of the left calf and knee is not fully established in this patient.