

Case Number:	CM15-0214857		
Date Assigned:	11/04/2015	Date of Injury:	09/08/2015
Decision Date:	12/16/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/30/2015

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: New Jersey

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 60 year old female, who sustained an industrial injury on 9-8-2015. A review of the medical records indicates that the injured worker is undergoing treatment for right ankle sprain-strain, left knee contusion, and instigation of symptomatic left knee degenerative disc disease. On 10-2-2015, the injured worker reported right ankle and left knee swollen with right ankle painful to bear weight and to plantar flexion at rest with left knee painful to full extension. The Primary Treating Physician's report dated 10-2-2015, noted left knee swelling with positive McMurray's test, varus stress, and patella-femoral grind tests, with crepitus. The right ankle was noted to have swelling of the lateral ankle inferior to the malleolus. Prior treatments and evaluations have included a left knee x-ray noted to show no acute fracture, mild degenerative changes, and small joint effusion, and a right foot x-ray with no acute abnormality identified in the right foot. The treatment plan was noted to include requests for authorization for a MRI of the left knee to rule out meniscus tear, a MRI of the right ankle to rule out ligament tear and occult talar injury, a Maxtrax walker, and medications including Hydrocodone-APAP, Omeprazole, and Naproxen. The injured worker's work status was noted to be able to return to modified work. The request for authorization dated 10-2-2015, requested a left knee MRI and a right ankle MRI. The Utilization Review (UR) dated 10-15-2015, non-certified the requests for a left knee MRI and a right ankle MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee MRI: Upheld

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

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

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker who recently injured her left knee and right ankle, there was persistent pain and swelling in these joint areas upon follow-up with the provider. However, the provider's request for MRI of the left knee seems premature and inappropriate as the x-rays showing osteoarthritis, physical findings more suggestive of sprain/strain without signs/symptoms of a red flag diagnosis, and not enough conservative care such as physical therapy was seen as having been completed to warrant any further imaging of the left knee at this stage. Therefore, this request for left knee MRI is not medically necessary at this time.

Right ankle MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

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

Decision rationale: The MTUS ACOEM Guidelines state that for foot or ankle injuries/disorders, special studies are usually not needed until after a period of conservative care and observation. Routine testing is not recommended during the first 4-6 weeks or activity limitation except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. Imaging, such as MRI, may be considered after this initial period of conservative care and observation if there is continued limitation of activity and unexplained physical findings such as effusion or localized pain, especially following exercise, in order to help clarify the diagnosis and assist reconditioning. In the case of this worker who recently injured her left knee and right ankle, there was persistent pain and swelling in these joint areas upon follow-up with the provider. However, the provider's request for MRI of the right knee seems premature and inappropriate as the physical findings more suggestive of sprain/strain without signs/symptoms of a red flag diagnosis, and not enough conservative care such as physical therapy was seen as having been completed to warrant any further imaging of the right ankle at this stage. Therefore, this request for right ankle MRI is not medically necessary at this time.