

Case Number:	CM15-0224623		
Date Assigned:	11/23/2015	Date of Injury:	06/24/2014
Decision Date:	12/31/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/16/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 48 year old male who sustained an industrial injury on 6-24-14. A review of the medical records indicates he is undergoing treatment for right quadriceps tear and right thigh pain. Medical records (4-8-15, 7-9-15, 8-20-15, and 10-1-15) indicate ongoing complaints of right thigh and right knee pain. The objective findings on 10-1-15 indicate "thigh is tender". Diagnostic studies have included urine toxicology screening and an MRI of the right thigh on 11-18-14. The 7-9-15 record indicates that physical therapy is "pending authorization". The treatment recommendations include "new" MRIs of the right knee and thigh. The utilization review (10-30-15) includes requests for authorization of MRIs of the right knee and right thigh. The requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI knee.

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging right knee is not medically necessary. Soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Indications for imaging include, but are not limited to, acute trauma to the knees; nontraumatic knee pain, patellofemoral symptoms; nontraumatic knee pain initial antero-posterior and lateral radiographs are nondiagnostic. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Postsurgical MRIs if needed to assess knee cartilage repair tissue. Routine use of MRI for follow-up asymptomatic patients following the arthroplasty is not recommended. In this case, the injured worker's working diagnoses are right quadriceps tear; and pain in right thigh. Date of injury is June 24, 2014. Request for authorization is October 23, 2015. According to a progress note dated January 28, 2015, each worker had an MRI of the right thigh that showed a possible tear thigh muscle. According to a November 18, 2014 progress, an MRI of the right thigh showed a healed partial tear. According to a May 28, 2015 progress note, an MRI of the thigh shows a healed tear. According to an August 20, 2015 progress note, the injured worker has ongoing pain in the right knee. The treating provider has not reviewed the MRI of the right knee. The injured worker will be bringing in the MRI film results for review. There is no hard copy of a right knee MRI in the medical record. According to an October 1, 2015 progress note, subjective complaints include pain in the right thigh with numbness and pins and needles. Objectively, there is tenderness in the thigh. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). There are no compelling clinical facts indicating a repeat MRI is clinically indicated. There is no documentation of a significant change in symptoms and/or objective clinical findings suggestive of significant pathology. The treating provider has not reviewed the right knee MRI according to the documentation. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, magnetic resonance imaging right knee is not medically necessary.

MRI right thigh: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging for the right thigh is not medically necessary. MRI is the accepted form of imaging for findings of avascular necrosis of the hip and osteonecrosis. MRI is the modality of choice after plain x-rays in selected patients with occult hip fracture where plain x-rays are negative. Indications for

imaging include osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; and tumors. Exceptions for MRI suspected osteoid osteoma; and labral tears. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker's working diagnoses are right quadriceps tear; and pain in right thigh. Date of injury is June 24, 2014. Request for authorization is October 23, 2015. According to a progress note dated January 28, 2015, each worker had an MRI of the right thigh that showed a possible tear thigh muscle. According to a November 18, 2014 progress, an MRI of the right thigh showed a healed partial tear. According to a May 28, 2015 progress note, an MRI of the thigh shows a healed tear. According to an August 20, 2015 progress note, the injured worker has ongoing pain in the right knee. The treating provider has not reviewed the MRI of the right knee. The injured worker will be bringing in the MRI film results for review. There is no hard copy of a right knee MRI in the medical record. According to an October 1, 2015 progress note, subjective complaints include pain in the right thigh with numbness and pins and needles. Objectively, there is tenderness in the thigh. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). There are no compelling clinical facts indicating a repeat MRI is clinically indicated. There is no documentation of a significant change in symptoms and/or objective clinical findings suggestive of significant pathology. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, magnetic resonance imaging for the right thigh is not medically necessary.