

<b>Case Number:</b>	CM15-0041805		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 44-year-old male sustained an industrial injury to the left lower extremity and right shoulder on 3/21/14. Previous treatment included physical therapy, magnetic resonance imaging left hip and left ankle, x-rays left lower extremity, ultrasound left lower extremity, electromyography/nerve conduction velocity test, physical therapy, orthopedics and pain management consultations and medications. In a PR-2 dated 2/24/15, the injured worker complained of persistent left lateral leg, left ankle, left knee, left hip, right hip and right shoulder pain. The injured worker reported that he had stopped taking Norco. Physical exam was remarkable for left knee with crepitus and left calf with tenderness to palpation. The physician noted that he did not see a reason for the injured worker's pain at this time. Current diagnoses included chronic pain and workers compensation follow-up. The treatment plan included starting Lodine and Elavil, return to work without restrictions and magnetic resonance imaging left lower extremity to evaluate the point tender area of pain post injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI of the left lower leg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines state that an MRI of the knee or ankle is indicated if internal derangement is suspected. The patient's physical exam shows only some swelling and tenderness. No red-flag indications are present in the medical record. MRI of the left lower leg is not medically necessary.