

Case Number:	CM15-0045658		
Date Assigned:	03/18/2015	Date of Injury:	09/12/2014
Decision Date:	04/23/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 53-year-old male, who sustained an industrial injury on 9/12/2014. He reported carrying a heavy box and falling between a ramp and a truck, injuring his right lower extremity, lower back, and chest wall. The injured worker was diagnosed as having a right knee meniscus tear and lumbar strain with EMG showing lumbosacral radiculopathy of L5-S1 nerve roots, greater on the right. Treatment to date has included medication management. Currently, a progress note from the treating provider dated 2/13/2015 indicates the injured worker reported right ankle pain, insomnia, fatigue and weakness. On 2/24/2015, Utilization Review non-certified the requests for Magnetic Resonance Imaging (MRI) of the right tibia and fibula and sleep studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the right tibia and fibula: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 13 Knee Complaints Page(s): 341-343 and 372-374.

Decision rationale: In the case of this injured worker (IW), the treating physician (TP) is requesting an MRI of the tibia/fibula, and not specifically the knee or ankle. The MTUS/ACOEM guidelines do not specifically address this issue. Per the cited ACOEM knee guideline, special studies are not needed to evaluate most knee complaints, until after a period of conservative care and observation. However, if there is a history of trauma with red flags, such as inability to walk four steps, or inability to flex knee to 90 degrees, then imaging studies may be indicated. The guideline also specifically states that imaging studies are not indicated for regional pain. For this IW, he has already had studies for his knee, which showed right knee meniscus tear. The IW has also reported pain in the right ankle, which has been previously evaluated. The ACOEM ankle guideline states that special studies are not usually needed, until after a period of conservative care, unless there are red flags. If the limitations continue for more than four weeks, then imaging studies may be ordered, such as radiographs or bone scan. MRI scanning for disorders of soft tissue is not warranted. Based on the available medical records, the medical reasoning for requesting a MRI is not clear; therefore, the request for MRI of the right tibia and fibula is not medically necessary.

Sleep studies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Polysomnography.

Decision rationale: The MTUS guidelines do not specifically address polysomnography, but ODG has specific criteria that include excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change and insomnia for at least six months duration. In particular, the symptoms must be unresponsive to behavioral intervention, not due to sedative medications, and no psychiatric causation. Available documentation from the primary treating physician is difficult to read, and although there is some history of difficulty sleeping due to pain, documentation does not meet the criteria set by ODG. Based on the clinical information reviewed for the injured worker, the request for polysomnography is not medically necessary.