

Case Number:	CM15-0051950		
Date Assigned:	03/25/2015	Date of Injury:	08/21/2014
Decision Date:	07/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/19/2015

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: Pennsylvania

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 58 year old female, who sustained an industrial injury on 8/21/14. She reported a left ankle, shin and left knee injury. The injured worker was diagnosed as having left knee sprain/strain and left lower extremity neuropathy. Treatment to date has included physical therapy, oral medications including Gabapentin and Anaprox and activity restrictions. X-ray of left knee performed on 11/20/14 revealed degenerative marginal osteophytes of the posterior aspect of the patellar upper pole and patellar lower pole. X-ray of tib/fibula performed on 11/20/14 was unremarkable. Currently, the injured worker complains of left leg pain rated 6/10 with radiation to left knee, hip and low back with numbness, tingling and sharp sensation. The injured worker notes the pain is decreased with medications. Physical exam noted well healed portal scars at the knee, tenderness to palpation of the medial and lateral knee and left shin also decreased sensation of the shin. A request for authorization of left lower leg was submitted on 2/20/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left lower leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 374.

Decision rationale: This request is for MRI of the left lower leg. The 2/8/15 note specifically states tibia in the MRI of the lower leg request. This is not a request for MRI of the knee. The indication for an MRI of the leg is not provided. The worker has anterior leg pain but the record does not include a differential diagnoses or any explanation of how an MRI of the leg would help in the diagnosis of the leg pain. The MTUS states that disorders of soft tissue do not warrant other studies such as MRI. There was no indication of stress fracture or other bone disorder to warrant an MRI. Therefore the request is not medically necessary.