

Case Number:	CM15-0058314		
Date Assigned:	04/03/2015	Date of Injury:	08/12/2014
Decision Date:	05/04/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/27/2015

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: Arizona, California

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 39 year old male, who sustained an industrial injury on August 12, 2014. He reported an injury to his left knee and later to his left elbow and low back. The injured worker was diagnosed as having lumbar musculoligamentous sprain/strain with left lower extremity radiculitis, status post operative left knee arthroscopy and left elbow contusion and medial epicondylitis. Treatment to date has included diagnostic studies, surgery, physical therapy and medications. On April 6, 2015, the injured worker reported to complete eleven of the twelve physical therapy sessions with no improvement to his low back pain. Symptoms to the left knee included popping, clicking, buckling, giving away and weakness. He is unable to put weight on his left knee. The treatment plan included a left knee diagnostic study and follow-up visit to assess the outcome of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - elbow chapter- Ultrasound and pg 26.

Decision rationale: According to the guidelines, indications for Ultrasound: Chronic elbow pain, suspect nerve entrapment or mass; plain films nondiagnostic (an alternative to MRI if expertise available). Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic (an alternative to MRI if expertise available.)In this case, there was chronic elbow and biceps tenderness. There was no findings of plain film x-rays. The clinical exam did not indicate nerve entrapment findings or mass. An ultrasound request does not meet criteria and is not medically necessary.

Postional Magnetic Resonance Imaging (MRI) of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. The claimant had spine tenderness, spasms and radicular findings on exam with persistent pain. Prior x-rays showed spondylolistheses at L5-S1. The request for an MRI of the lumbar spine is medically necessary.