

<b>Case Number:</b>	CM15-0088124		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 47 year old male, who sustained an industrial injury on 9/28/12. He has reported initial complaints of a crush injury to the left foot and ankle. The diagnoses have included left foot crush injury, left fibular fracture with tibiofibular instability, lumbar strain with left lower extremity (LLE) radiculopathy, left fifth toe dislocation, and status post left knee arthroscopy. Treatment to date has included medications, left knee surgery, knee injections, conservative care, physical therapy, home exercise program (HEP) and activity modifications. Currently, as per the physician progress note dated 4/8/15, the injured worker complains of aching bilateral knee pain that he rates 6/10 on the pain scale on the left and 7/10 on the right. He also has aching low back pain that he rates 6/10 with radiating pain to the left leg. The physical exam reveals tenderness to palpation in the lumbar spine and there is decreased lumbar range of motion. The left knee exam reveals tenderness about the joint line, decreased range of motion and decreased strength. The right knee exam reveals tenderness about the joint line; the grind maneuver produces pain, decreased range of motion and decreased strength. The physician noted that he is having quite significant symptomology and limping quite a bit. He is working full duty and now is having right knee pain secondary to limping on the left. The physician also noted that the left knee is bothering him following arthroscopy and that he has compensatory problems with the low back and now he has compensatory problems with the right knee. There was no previous therapy sessions noted and no previous diagnostic studies noted in the records. The physician requested treatments included Magnetic Resonance Imaging (MRI) scan of the lumbar spine and Magnetic Resonance Imaging (MRI) scan of the bilateral knees.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI scan of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI scan of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the Official Disability Guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are left foot crush injury; left fibular fracture with distal tibial-fibular instability; lumbar strain with left lower extremity radiculopathy secondary to limping; left fifth toe dislocation; status post left knee arthroscopy July 21, 2014; and right knee pain compensatory. According to a progress note dated April 8, 2015, the injured worker is scheduled for left foot/ankle surgery. The injured worker has additional complaints of low back pain and bilateral knee pain. Objectively, there is no documentation of instability. There is no neurologic evaluation or positive neurologic findings on physical examination. There are no plain x-rays of the lumbar spine in the medical record. There were no red flags in the medical record. Consequently, absent clinical documentation evidence of neurologic deficit, unequivocal specific nerve compromise on the neurologic evaluation and plain x-rays of the lumbar spine, MRI scan of the lumbar spine is not medically necessary.

**MRI scan of the bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Magnetic Resonance Imaging (MRI) scan of the bilateral knees 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; non-traumatic knee pain, patellofemoral symptoms; non-traumatic knee pain initial antero posterior and lateral radiographs are non-diagnostic. Repeat MRI; 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 left for crush injury; left regular fracture with distal tibial fibular instability; lumbar strain with left lower extremity radiculopathy secondary to limping; left fifth toe dislocation; status post left knee arthroscopy July 21, 2014; and right knee pain compensatory. According to a progress note dated April 8, 2015, the injured worker is scheduled for left foot/ankle surgery. The injured worker has additional complaints of low back pain and bilateral knee pain. The injured worker's knee pain is chronic with bilateral knee tenderness and decreased range of motion. Objectively, there is no documentation of instability. There is no neurologic evaluation or positive neurologic findings on physical examination. There were no plain x-rays of the knees. Consequently, absent clinical documentation with evidence of instability, non-diagnostic plain x-rays, magnetic resonance imaging (MRI) scan of the bilateral knees is not medically necessary.