

Case Number:	CM13-0032927		
Date Assigned:	01/31/2014	Date of Injury:	09/22/2009
Decision Date:	05/06/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	10/08/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 64-year-old female injured on September 22, 2009. A report dated July 29, 2013 indicates subjective complaints of low back pain, right wrist pain and left knee pain. The report noted that the claimant was utilizing physical therapy and remained under medication management. The reports dated July 1, 2013, May 2, 2013 and April 4, 2013, do not document objective findings. This request is for an MRI study of the lumbar spine and orthopedic surgery consultation for the right wrist and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPEN MRI LUMBAR SPINE WITH FLEX AND EXTENSION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303.

Decision rationale: California ACOEM Guidelines would not support the role of a lumbar MRI scan to include flexion and extension views. The ACOEM Guidelines require documentation of objective findings to support the need for imaging. The medical records do not indicate a change

in the clinical condition or objective findings on examination and therefore the MRI cannot be recommended as medically necessary.

ORTHOPEDIC CONSULT FOR RIGHT WRIST AND LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ND Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ND Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: California ACOEM Guidelines would not support the role of orthopedic consultation for the right wrist or left knee. The claimant is noted to have subjective complaints with no documented physical examination findings or imaging findings that would suggest the need for surgical intervention. The request for orthopedic surgical consultation would not be medically necessary.