

Case Number:	CM14-0118067		
Date Assigned:	09/23/2014	Date of Injury:	03/18/2014
Decision Date:	10/27/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 46-year-old female who reported an injury on 03/18/2014. The diagnoses include left fifth metatarsal, fracture and right knee partial ACL (anterior cruciate ligament) tear. The past treatments included pain medication and aqua therapy. The diagnostic testing consisted of an MRI performed on 07/01/2014 that revealed partial thickness tear of the anterior crucial ligament, chondromalacia of the patella, and patellar tendinosis. There was also a CT scan of the left foot, performed on 07/18/2014, and it revealed a fracture through the proximal metaphysis of the left fifth metatarsal bone. There was no relevant surgical history noted in the records. The subjective complaints on 07/07/2014 included right knee pain, stress and anxiety due to pain, and frequent left foot pain and spasms. The physical examination to the left foot noted decreased range of motion with tenderness and palpation over the left lateral part. The examination of the right knee revealed tenderness to palpation to the anterior aspect of the patella and superior aspect of the patella. The medications included ibuprofen 600 mg. The treatment plan was to complete aqua therapy, complete left foot CT scan, and start physical therapy of the right knee twice a week. A request was received for MRI of the right knee and CT scan of the left foot. The rationale for the request was not provided or noted in the records. The Request for Authorization form was not submitted in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The request for MRI of the Right Knee is not medically necessary. The California MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until a conservative period of care and observation. Reliance only on imaging studies to evaluate the source of these symptoms can carry significant risk of diagnostic confusion, including false positive test results because of the possibility of identifying a problem that was present before the symptoms began. The guidelines also state that experienced examiners usually can diagnosis an ACL tear within the non-acute stage based on history and physical examination alone. The notes indicate that the injured worker had an MRI performed on 07/01/2014 to the right knee and it indicated a partial ACL tear. There was a lack of rationale in the clinical note indicating why a repeat MRI is needed. In the absence of any red flags and a specific rationale as to why a repeat MRI is needed, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

CT scan of the Left Foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

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

Decision rationale: The request for CT scan of the Left Foot is not medically necessary. California MTUS/ACOEM Guidelines state special studies are not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red flag issues are ruled out. In particular, patients who have suffered foot or ankle injuries caused by mechanism of action that could result in a fracture can have radiographs. This will markedly increase the diagnostic yield of a plain radiograph. The notes indicate that the injured worker has already have a CT scan of the left foot performed on 07/18/2014 and it revealed a fracture through the proximal metaphysis of the left fifth metatarsal bone. There are no red flags documented in the note to support a repeat CT scan of the left foot. Additionally, no rationale was provided as to why a repeat CT scan of the left foot would be needed. In the absence of such evidence, the request is not supported by the guidelines. As such, the request is not medically necessary.