

<b>Case Number:</b>	CM14-0160720		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 37 year old with an injury date on 12/30/13. The patient complains of improved lumbar pain, but ongoing cervical and right shoulder pain per 9/2/14 report. The patient has recently had discomfort in his right thigh without any fever, chills, drainage, or hip pain per 9/2/14 report. Based on the 9/2/14 progress report provided by [REDACTED] the diagnoses are: 1. Scalp laceration 2. Closed head injury 3. Cervical, thoracic, and lumbar spine strain 4. Right-sided cervical radiculopathy 5. Contusion and straining injury of the right hip and pelvis 6. Internal derangement of the right knee 7. Right rotator cuff tendinitis and impingement syndrome 8. Straining injury of the chest 9. Lumbar disc protrusion at L4, L5-S1 Exam on 9/2/14 showed "non-antalgic gait. Can heel/toe walk without difficulty, but can't fully squat and duck waddle with right knee pain. C-spine range of motion is limited with flexion/extension at 30 degrees. No soft tissue hematoma including no signs of infection. No obvious defects in the muscle, compartment is soft and no stretch pain." [REDACTED] is requesting outpatient continue care for [REDACTED], and MRI of the right thigh. The utilization review determination being challenged is dated 9/22/14 and modifies request for outpatient care to 1 visit. [REDACTED] is the requesting provider, and he provided treatment report from 9/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient continue care for [REDACTED]:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (ODG) Chapter on Low Back Chapter, Office Visits

**Decision rationale:** This patient presents with back pain, neck pain, right shoulder pain, and right thigh pain. The physician has asked to continue outpatient care with [REDACTED] on 9/2/14. The patient recently underwent an evaluation of his right shoulder with [REDACTED] per 9/2/14 report. Included documentation does not indicate how many office visits patient has had. Regarding Office Visits, ODG lower back chapter recommends as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, the patient does present with functional deficits of the right shoulder which warrant additional outpatient care with [REDACTED]. This request is medically necessary.

**MRI (magnetic resonance imaging) of the Right Thigh:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG: Knee Chapter, MRI

**Decision rationale:** This patient presents with back pain, neck pain, right shoulder pain, and right thigh pain. The physician has asked for MRI of the right thigh on 9/2/14. The ODG does not address MRI of the leg. Regarding MRIs of the knee, the ODG states that they are best for evaluating soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption). MRIs are considered unnecessary if X-rays alone could establish the diagnosis, patellofemoral pain with a normal ligamentous and meniscal exam, the knee pain resolved before seeing an orthopedic surgeon, or the MRI findings had no effect on treatment outcome. MRI studies were deemed necessary if they were indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had an unexpected finding that affected treatment. In this case, the patient has a new pain in the right thigh with no sign of infection or soft tissue hematoma. The included documentation, however, does not include an X-ray. ODG does not recommend unwarranted use of MRI when radiographic imaging has not yet been attempted, and which may be sufficient to determine diagnosis. The request is not medically necessary.