

Case Number:	CM15-0011434		
Date Assigned:	01/29/2015	Date of Injury:	11/01/2014
Decision Date:	03/27/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 61 year old female, who sustained an industrial injury, November 1, 2014. The injury was sustained after a fall landing on the right side of the body. The injured worker was diagnosed with lumbosacral spine strain, sprain of the knee and leg, right groin strain, right knee contusion, right hip contusion, right hip strain and lumbosacral contusion. The injured worker previously received the following treatments Tylenol and Aleve for pain, physical therapy and lumbar support brace and a 3 inch ace wrap for the right knee. The injured workers chief complaint on January 2, 2015 was pain in the right groin, lumbosacral spine, right hip and right knee pain. According to progress note of the X-rays of the lumbosacral spine, right hip and right showed no acute abnormalities. The injured worker has very restricted range of motion of the right side, secondary to pain. January, 2015, the primary treating physician requested MRI of the lumbosacral spine, right hip and right knee for restricted range of motion of the right side, secondary to pain. January 14, 2015, the utilization review denied authorization for MRI right knee, right hip and lumbar spine without contrast. The utilization Reviewer referenced MTUS and ODG guidelines for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee/Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee and Leg (acute and chronic) Chapter, under Magnetic resonance imaging

Decision rationale: Based on the 01/02/15 progress report provided by treating physician, the patient presents with right knee pain. The request is for MRI RIGHT KNEE WITHOUT CONTRAST. Patient's diagnosis per Request for Authorization form dated 01/07/15 included right knee contusion, right knee sprain and lumbar spine strain. Physical examination to the right knee on 01/02/14 revealed antalgic gait, tenderness over the medial and anterior aspect, and restricted flexion and extension. Patient's medications include Relafen and Prilosec. The patient is working modified duty. ACOEM Guidelines page 341 and 342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. ODG-TWC, Knee and Leg (acute and chronic) Chapter, under Magnetic resonance imaging states: "soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. MRI is reasonable if internal derangement is suspected. Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended." Per progress report dated 01/02/15, treater states "the patient has an abnormal MRI from an earlier injury which is still open. However a new MRI is necessary. since she has a new injury sustained recently on 11/01/14. This is on top of the prior injury of 07/2014. The MRI reading was abnormal but the patient was never authorized to be evaluated by an orthopedic surgeon. A new MRI is necessary to see if there are new findings other than the previous abnormal findings on the MRI taken earlier this year." The patient has sustained a new injury and now has failed 7 weeks of conservative care. The requested MRI IS medically necessary.

MRI right hip without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip/Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, under MRI

Decision rationale: The request is for MRI RIGHT HIP WITHOUT CONTRAST. Patient's diagnosis per Request for Authorization form dated 01/07/15 includes right hip contusion, right hip sprain and lumbar spine strain. Patient has an antalgic gait. Patient's medications include Relafen and Prilosec. The patient is working modified duty. The MTUS and ACOEM Guidelines

do not address this request. ODG Guidelines, Hip and Pelvis Chapter, under MRI states: "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should, in general, be the first imaging technique employed following plain films." Indicators include osseous, articular, or soft tissue abnormalities; osteonecrosis; occult, acute, and stress fracture; acute and chronic soft tissue injuries; and tumors. Per progress report dated 01/02/15, treater states "due to persistent low back pain with radicular symptoms in the lower extremities, right knee pain with previous abnormal MRI and right hip pain despite 7 weeks of conservative treatment with NSAIDs, oral steroids, muscle relaxant, support and physical therapy, authorization is requested to refer patient for lumbosacral spine, right hip and right knee MRIs for further evaluation." Medical records do not show prior MRI of right hip. Physical examination to the right hip on 01/02/14 revealed tenderness of the posterolateral joint line and over the groin; and range of motion at 80% on flexion and extension. Treater documents that the patient has failed 7 weeks of conservative treatments. Given the patient's new injury and failure to improve with conservative care, the requested MRI of the hip joint IS medically necessary.

MRI lumbar spine without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ODG Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: The request is for MRI LUMBAR SPINE WITHOUT CONTRAST. Patient's diagnosis per Request for Authorization form dated 01/07/15 includes lumbar spine strain and lumbar spine contusion. Physical examination to the lumbar spine on 01/07/14 revealed range of motion 50% of normal. Straight leg raise test negative, however pain to the lower back triggered at 60 degrees. Patient's medications include Relafen and Prilosec. The patient is working modified duty. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)". Per progress report dated 01/02/15, treater states "due to persistent low back pain with radicular symptoms in the lower extremities, right knee pain with previous abnormal MRI and right hip pain despite 7 weeks of conservative treatment with NSAIDs, oral steroids, muscle relaxant, support and physical therapy, authorization is requested to refer patient for lumbosacral spine, right hip and right knee MRIs for further evaluation." The patient continues

with low back pain with radicular symptoms. There is no indication of prior MRI of the lumbar spine. The request is reasonable and in accordance with guideline indications. Therefore, the request for MRI of the lumbar spine IS medically necessary.