

Case Number:	CM15-0112130		
Date Assigned:	06/18/2015	Date of Injury:	03/21/2015
Decision Date:	08/18/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/10/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 46-year-old male, who sustained an industrial injury on March 21, 2015. He reported low back pain and left lower extremity pain. The injured worker was diagnosed as having left gastrocnemius strain and leg pain. Treatment to date has included diagnostic studies, physical therapy, Ace wraps, crutches, medications and work restrictions. Currently, the injured worker complains of continued left leg pain. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. He reported walking fast while working in a restaurant with increasing leg pain until it was too painful to work. Evaluation on April 6, 2015, revealed continued pain as noted. It was noted he would start weaning from the crutches and continue physical therapy. Magnetic resonance imaging of the lumbar spine, left ankle and knee and chiropractic care were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, 2 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 58-59.

Decision rationale: Per the guidelines, chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In this injured worker, chiropractic care has already been used as a modality. The records do not indicate that the worker is not able to return to activities or that the worker is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of chiropractic therapy.

Magnetic resonance imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, there are no red flags on physical exam. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated. The medical necessity of a lumbar MRI is not substantiated in the records.

Magnetic resonance imaging (MRI) of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 35-339.

Decision rationale: The request in this injured worker with chronic knee pain is for a MRI of the knee. The records document no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as meniscus or ligament tears. In the absence of physical exam evidence of red flags or physical exam evidence of an anatomic abnormality, a MRI of the left knee is not medically indicated. The medical necessity of a knee MRI is not substantiated in the records.

Magnetic resonance imaging (MRI) of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-386, Acupuncture Treatment Guidelines.

Decision rationale: This injured worker had prior radiographic studies including x-rays and MRI of the left ankle. MRI can be useful to identify and define pathology. However, there are no red flags on physical exam. In the absence of physical exam evidence of red flags, a MRI of the left ankle is not medically indicated. The medical necessity of an ankle MRI is not substantiated in the records.