

<b>Case Number:</b>	CM15-0112358		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Hawaii  
 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 is a 46 year old female who sustained an industrial injury on 2/14/14 that occurred while walking. She experienced a pop at the back of her knee followed by immediate pain and swelling. She was medically evaluated given medications, x-rays and off work for three weeks. She is experiencing low back and left hip pain and is not sure if this is from the left knee or because of difficulty with lifting at work. She currently complains of intermittent low back pain with some improvement, pain level is 6/10. Physical exam reveals tenderness to palpation of the L3-L5 spinous processes and lumbar paravertebral muscles, muscle spasms of lumbar paravertebral muscles, painful range of motion and Patrick's Fabere and Goldthwaite's cause pain; the left knee reveals painful range of motion with tenderness to palpation of the anterior, lateral, medial and posterior knee with muscle spasms of the same and Apley's Compression is positive. Medication is ibuprofen. Diagnoses include headache; lumbalgia; lumbar muscle spasm; lumbar sprain/ strain; left knee pain; left knee sprain/ strain. Treatments to date include acupuncture with some relief; transcutaneous electrical nerve stimulator unit; knee brace. In the progress note dated 1/12/15 the treating provider's plan of care includes requests for MRI of the left knee and lumbar spine; transportation services to medical and therapy appointments. MRI's are requested as the injured worker has been treated conservatively for some time and these diagnostics will better determine the best course of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Left Knee:** Overturned

**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 ODG Online, Knee and Leg Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The patient presents with intermittent lumbar spine pain and constant severe left knee and left ankle pain. The current request is for MRI of the left knee. Review of the clinical records provided, do not show evidence of a left knee MRI having been done in the past. The treating physician states on 1/12/15 (67B), "Patient has been treated conservative for some time. Her symptoms on her lower back as well as the left knee pain are getting worse. The MRI studies for her left knee and lower back is imperative to better determine best course of care at this time." ODG states that an MRI is reasonable if internal derangement is suspected. Medical records document that this patient injured her left knee while lifting boxes on 2/14/14. In this case, the treating physician's progress report dated 8/25/14 (41B), indicates that the patient's ROM is decreased due to pain. While the treating physician does not discuss concerns regarding internal derangement, given the diminished ROM, persistent pain, and the injury that is chronic, an MRI would be appropriate. The current request is medically necessary.

**MRI Lumbar Spine:** Overturned

**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 ODG Online, Low Back Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The patient presents with intermittent lumbar spine pain and constant severe left knee and left ankle pain. The current request is for MRI of the lumbar spine. Review of the clinical records provided, do not show evidence of a lumbar MRI having been done in the past. The treating physician states on 1/12/15 (67B), "Patient has been treated conservative for some time. Her symptoms on her lower back as well as the left knee pain are getting worse. The MRI studies for her left knee and lower back is imperative to better determine best course of care at this time." ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. In this case, the treating physician's progress report dated 8/25/14 (41B), indicates that the patient presents with radicular pain down the back of the left calf and limited ROM and tingling mainly on the left side. ODG allows an MRI for radiculopathy, which this patient may be suffering from. Given no prior MRI, the current request is medically necessary.

**Transportation to all medical/therapy appointments:** 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 ODG Online, Knee and Leg Chapter, Transportation (to & from appointments).

**Decision rationale:** The patient presents with intermittent lumbar spine pain and constant severe left knee and left ankle pain. The current request is for transportation to all medical/therapy appointments. The treating physician states on 1/12/15 (67B), "transportation services are required." ODG states the following for transportation to and from appointments: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." AETNA has the following guidelines on transportation: "The cost of transportation primarily for, and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." Though cost of transportation to doctor's appointments may be reimbursable, in this case, the treating physician has not documented that patient has disabilities preventing her from self-transport. The current request is not medically necessary.