

<b>Case Number:</b>	CM15-0121079		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	11/23/2012
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 is a 53 year old male, who sustained an industrial injury on 11/23/2012, while pulling pallets. The injured worker was diagnosed as having other joint derangement, not elsewhere classified, pelvic region and thigh. Treatment to date has included diagnostics, physical therapy, mental health treatment, and medications. Currently (5/28/2015), the injured worker complains of constant and severe left hip pain, along with moderate and constant right shoulder pain. His left hip pain radiated to the left thigh area and he reported his hip giving out and catching. He also reported pain in his back and right knee, along with depression, anxiety, and irritability. Medications included Norco and Ambien. Physical therapy was initiated and he completed 2-3 sessions, with 2 remaining. He was not working. Magnetic resonance imaging reports of the bilateral knees and lumbar spine from one year ago were referenced. The treatment plan included magnetic resonance imaging of the lumbar spine and bilateral knees. The PR2, dated 6/08/2015, noted a plan for left total hip replacement, noting advanced avascular necrosis of the left hip with head collapse on x-ray of left hip in February 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient MRI of The Bilateral Knees without Contrast: Upheld**

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

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

**Decision rationale:** The patient had previous MRI of the knee approximately one year prior without results provided. Current exam noted prepatellar tenderness. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable clinical findings, acute flare-up, new injuries, limited ADLs, or progressive change to support for repeating the imaging study. Clinical findings noted tenderness; otherwise, is without instability or acute change. The Outpatient MRI of The Bilateral Knees without Contrast is not medically necessary and appropriate.

**MRI of The Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Complaints, Imaging, pages 303-304.

**Decision rationale:** The patient had previous MRI of the lumbar spine approximately one year prior without results provided. Current exam noted only spasm with negative straight leg raise testing. Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient is without deficits throughout bilateral lower extremities nor is there any acute flare-up or new injury to indicate for repeat study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the Lumbar spine is not medically necessary and appropriate.