

Case Number:	CM15-0167441		
Date Assigned:	10/06/2015	Date of Injury:	04/14/2015
Decision Date:	11/13/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/25/2015

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: Preventive Medicine, Occupational 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 53-year-old male, who sustained an industrial-work injury on 4-14-15. He reported initial complaints of continuous trauma to multiple body parts to include hand-wrist numbness, then pain to the right foot, left knee, and right knee. The injured worker was diagnosed as having sprain-strain to cervical spine, thoracic spine, bilateral shoulders, bilateral wrists, bilateral hands, bilateral knees, and right heel pain. Treatment to date has included medication, functional capacity evaluation. Currently, the injured worker complains of pain to both wrists, both knees, and heel pain along with abdominal pain, blurring vision, sinusitis (allergic), nauseous, and insomnia. Current medication includes Ibuprofen 600mg. Per the primary physician's progress report (PR-2) on 6-12-15, exam noted moderate tenderness to palpation over cervical spine, thoracic spine, lumbar, shoulders, wrists, hands, and right heel, positive orthopedic tests. Abdominal exam is negative. Current plan of care includes chiropractic care, exercises, acupuncture and diagnostics. The Request for Authorization requested service to include MRI of the Right Foot, left knee, and right knee. The Utilization Review on 8-12-15 denied the request for MRI of the Right Foot, left knee, and right knee, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines do not recommend the use of MRI for disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Table 14-5 indicates that MRI may identify and define ligament tear, tendinitis, and neuroma; however, physical examination is more useful. In this case, there is no stated diagnosis or injury that would warrant the use of an MRI of the foot. There are no x-rays available for review and no documentations of red flags; therefore, the request is not medically necessary.

MRI of the Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: Per MTUS guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: 1) Patient is able to walk without a limp 2) Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: 1) Joint effusion within 24 hours of direct blow or fall. 2) Palpable tenderness over fibular head or patella. 3) Inability to flex knee to 90 degrees 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) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. There is no supporting documentation that the injured worker has failed with conservative treatment and no other imaging studies have been conducted prior to this request. Additionally, MRI is preferred to MRA. In this case, there is no documentation of objective findings that would warrant the use of an MRI for the left knee. There are no x-rays available for review and no mentions of red flag conditions; therefore, the request is not medically necessary.

MRI of the Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: Per MTUS guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: 1) Patient is able to walk without a limp. 2) Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: 1) Joint effusion within 24 hours of direct blow or fall. 2) Palpable tenderness over fibular head or patella. 3) Inability to flex knee to 90 degrees 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) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. There is no supporting documentation that the injured worker has failed with conservative treatment and no other imaging studies have been conducted prior to this request. Additionally, MRI is preferred to MRA. In this case, there is no documentation of objective findings that would warrant the use of an MRI for the right knee. There are no x-rays available for review and no mentions of red flag conditions; therefore, the request is not medically necessary.