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| <b>Case Number:</b>   | CM14-0102344 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 06/12/1997 |
| <b>Decision Date:</b> | 09/30/2014   | <b>UR Denial Date:</b>       | 06/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/02/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52 year old female who reported an injury on 06/12/1997. The mechanism of injury was not specified. Her previous treatments consisted of a cortisone injection, which reportedly only helped for about 2 days and the pain had returned. Also, it was noted she had been going to physical therapy. The 04/09/2014 note indicated the injured worker was complaining of back/hip/knee pain. She was noted to be limping and she was seen for dislocated fibular head on the left leg. She stated she saw a hip doctor that told her it was possibly a meniscus and was injected. The physical examination noted the injured worker walked with a limp on the left side. She had a positive McMurray test and direct tenderness directly over the fibular head on the left side. Her neurological examination was normal. Her medications, surgeries, diagnostics, and diagnoses were not provided. The treatment plan was for MRI of the lumbar spine, MRI of the left hip, and referral for management and treatment of left knee. The rationale for request and the request for authorization form were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**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 MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (Magnetic Resonance Imaging).

**Decision rationale:** Based on the clinical information submitted for review, the request for MRI of the lumbar spine is not medically necessary. As noted in the California MTUS ACOEM Guidelines, 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. Additionally, the Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker complained of back/hip/knee pain. However, there is a lack of clinical documentation showing the injured worker had neurological deficits or that she completed an adequate course of conservative treatment. Furthermore, it is unknown if she's had a previous MRI of the lumbar spine since her 1997 injury and the guidelines suggest an MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. As such, the request for MRI of the Lumbar spine is not medically necessary.

**MRI of the left hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Hip and Pelvis regarding MRI (magnetic resonance imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip, MRIs (Magnetic Resonance Imaging).

**Decision rationale:** Based on the clinical information submitted for review, the request for MRI of the left hip is not medically necessary. As stated in the Official Disability Guidelines (ODG), an MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. An MRI is 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. The injured worker complained of back/hip/knee pain. She was noted to be limping and was seen for a dislocated fibular head on the left leg. She reportedly got a cortisone injection and it helped her pain for about 2 days. It was noted she had been going to physical therapy. The guidelines indicate an MRI should be the first imaging technique following plain films; however, there was a lack of clinical documentation that showed that the injured worker had X-rays taken of her left hip. Although it was noted that she had a dislocated fibular head and was limping upon examination, an MRI of the hip will reveal abnormalities involving the hip or surrounding soft tissues and should be done after plain films. As such the request for MRI of the left hip is not medically necessary.

**Referral to [REDACTED] for management and treatment left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Office Visits.

**Decision rationale:** Based on the clinical information submitted for review, the request for a referral to ██████ for management and treatment of the left knee is not medically necessary. As stated in Official Disability Guidelines (ODG), the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Evaluation and management of the outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The injured worker complained of back/hip/knee pain. She was noted to be limping and was seen by a "hip doctor" for a dislocated fibular head on the left leg. The injured worker was also found to have a positive McMurray test. She reportedly got a cortisone injection and it helped her pain for about 2 days. It was noted she had been going to physical therapy. The physician noted for the injured worker to see her sports medicine doctor for possible scoping. Due to the clinical findings noted, it would be warranted that the injured worker see an orthopedic specialist; however, the request lacks information as to who "██████" is. As such, the request for a referral to ██████ for management and treatment of the left knee is not medically necessary.