

Case Number:	CM13-0010032		
Date Assigned:	09/24/2013	Date of Injury:	11/28/2005
Decision Date:	01/28/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient is a 63-year-old male who reported an injury on 11/28/2005 after twisting his knee while exiting a forklift. The patient underwent knee arthroscopy in 2011. The patient was treated postoperatively with physical therapy. The patient's most recent clinical exam findings included ankle swelling and painful range of motion. The patient's diagnoses included a medial meniscus tear of the right knee and lumbosacral pain. The patient's treatment plan included medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest X-Ray (CXR) 2 view Frontal and Lateral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology Practice Guideline(www.acr.org).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 13,341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Pre-Operative Testing.

Decision rationale: The requested chest x-ray 2 views frontal and lateral is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any

deficits that would require an imaging study. American College of Occupational and Environmental Medicine recommends imaging studies for the knee for suspicion of a fracture. The clinical documentation submitted for review does not provide any evidence that the patient has a knee fracture. Therefore, the clinical documentation does not clearly identify how a chest x-ray would contribute to the patient's treatment plan. Official Disability Guidelines recommend a chest x-ray during the preoperative planning of a patient at risk for developing pulmonary complications either intraoperatively or postoperatively. The clinical documentation submitted for review does not provide any evidence that the patient is a surgical candidate that would require this type of preoperative testing. As such, the requested chest x-ray 2 views frontal and lateral is not medically necessary or appropriate.