

Case Number:	CM13-0028279		
Date Assigned:	11/22/2013	Date of Injury:	06/20/2013
Decision Date:	02/27/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/23/2013

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 Orthopedic surgery has a subspecialty in and is licensed to practice in California. 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 58-year-old female who was injured in a work related accident on 06/20/03. The clinical records for review included a 07/15/13 assessment by [REDACTED] where the claimant was diagnosed with obesity, degenerative joint disease of the knee, and an upper extremity contusion. Treatment to the knee was not documented at that time but previous reports revealed that the claimant was diagnosed with osteoarthritis of the knee and a two view radiograph was recommended for further assessment. The clinical records do not indicate specific treatment or recent treatment to the knee. There is no documentation of prior imaging available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of right knee 2 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1021-1022.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)--Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Radiography (x-rays)

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the imaging to the knee in the form of radiographs are only recommended in the setting of acute trauma or nonacute knee pain for initial clinical assessment. The records in this case indicate that the claimant has already been diagnosed with osteoarthritis of the knee with no documentation of advanced treatment being indicated. At present, there would be no current acute indication or need for a two view radiograph based on the claimant's current clinical picture and clinical presentation.