

<b>Case Number:</b>	CM13-0028283		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	06/20/2003
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 fellowship trained in Reconstructive Surgery and is licensed to practice in Texas and West Virginia. 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 had multiple dates of injury to include 05/01/2008 which was specific for the left hand, 06/29/2009 which was specific for the low back, and 10/08/2009 specific for the left knee. According to a review summary dated 09/13/2013, the patient was seen on 09/03/2013 for complaints of continued pain in the right knee with restricted daily activity and functional limitations. The patient was diagnosed with osteoarthritis of the knee. According to a nurse case summary, the patient was status post right total knee arthroplasty; the date was not specified. The patient reportedly underwent an MRI of the right knee on 07/25/2013 which revealed advanced degenerative changes at the medial joint space at the joint space loss, chondromalacia, and mild subchondral marrow edema from evolving trabecular injury or osteochondral injury. The medial meniscus was not seen with mild soft tissue thickening deep to the medial collateral ligament; prominent osteophytes arising from adjacent articular surfaces of the medial compartment and to a lesser extent the lateral and patellofemoral compartments. There was a 1.8 cm to 2.0 cm broad area of marrow edema from trabecular injury or contusion underlying the articular surface of the central tibial plateau extending inferior to the lateral tibial spine. There was also mild joint effusion noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscope Examination date of service 09/11/2013-12/11/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

**Decision rationale:** Because there is only one clinical documentation from 2013 provided for review (dated 07/15/2013), the medical necessity for the requested service is unknown. Without having sufficient documentation pertaining to that particular time frame, it is unclear as to why the physician was requesting a fluoroscope examination. CA MTUS states ESI should be performed using fluoroscopy. However, the rationale for this request is unclear as there is no documentation provided for review from 09/11/2013-12/11/2013. Therefore, the medical necessity for this request cannot be established at this time. As such, the requested service is non-certified.