

Case Number:	CM13-0031559		
Date Assigned:	03/03/2014	Date of Injury:	04/10/2008
Decision Date:	04/23/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/03/2013

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 Occupational Medicine 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 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:

According to the records made available for review, this patient reported a 4/10/08 date of injury and status post left knee arthroscopy on 1/30/13. At the time (8/23/13) of request for authorization for 1 weightbearing x-ray of the bilateral knees, there is documentation of subjective (improved left knee pain with popping and severe right knee pain with popping and clicking) and objective (decreased range of motion of the knees and patellofemoral pain with motion on the left, crepitation and popping of the right knee, positive McMurray's on the right, tenderness to palpation of the medial and lateral joint lines, and positive grind test on the right) findings, imaging findings (x-rays of the bilateral knees (8/17/12) report revealed bilateral moderate degenerative joint disease), current diagnoses (status post left knee arthroscopy on 1/30/13 and tricompartmental osteoarthritis of bilateral knees), and treatment to date (status post left knee arthroscopy on 1/30/13, home exercise, medications, and Synvisc injections).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 WEIGHTBEARING X-RAY OF THE BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Minnesota Rules 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS reference to ACOEM identifies documentation of failure of conservative care; suspected fracture; joint effusion within 24 hours of direct blow or fall; palpable tenderness over fibular head or patella; inability to walk (four steps) or bear weight immediately or within a week of the trauma; and/or inability to flex knee to 90 degrees, as criteria necessary to support the medical necessity of knee radiographs. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings), as criteria necessary to support the medical necessity of a repeat x-ray. Within the medical information available for review, there is documentation of diagnoses of status post left knee arthroscopy on 1/30/13 and tricompartmental osteoarthritis of bilateral knees. In addition, there is documentation of previous bilateral knee x-rays performed on 8/17/12 identifying bilateral moderate degenerative joint disease. However, despite documentation of subjective (improved left knee pain with popping and severe right knee pain with popping and clicking) and objective (decreased range of motion of the knees and patellofemoral pain with motion on the left, crepitation and popping of the right knee, positive McMurray's on the right, tenderness to palpation of the medial and lateral joint lines, and positive grind test on the right) findings, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for 1 weightbearing x-ray of the bilateral knees is not medically necessary.