

<b>Case Number:</b>	CM13-0040288		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/26/2010
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 & Rehabilitation 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:

This is a 24 year old male who reported an injury on 09/26/2010. The mechanism of injury is that the patient reportedly was struck and knocked down to the ground by a rolling platform holding glass resulting in direct injury to low back and twisting, dislocating right knee. The patient is status post surgical correction of right knee dislocation. The patient reports that following the surgery, the knee is worse and he complained of grinding and popping. Also, the patient reported lumbar pain. Objectively, Waddell's sign was 0/5, lumbar extension was 20 degrees, flexion was 40 degrees, left and right lateral bending was 20 degrees with spasm and guarding. Strength was reported at 5/5 in all muscle groups. Office note dated 10/28/2013 indicated previous x-rays showed no acute changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective x-ray of right femur QTY 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Radiography (x-rays)

**Decision rationale:** Official Disability Guidelines recommend x-rays if there is suspicion of posterior knee dislocation, focal patellar tenderness, effusion and ability to walk. The clinical information submitted did not reveal evidence to support the suspicion of a dislocation, focal patellar tenderness and effusion. As such, the requested service is non-certified.

**Retrospective x-ray of right tibia QTY 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Radiography (x-rays)

**Decision rationale:** Official Disability Guidelines recommend x-rays if there is suspicion of posterior knee dislocation, focal patellar tenderness, effusion and ability to walk. The clinical information submitted did not reveal evidence to support the suspicion of a dislocation, focal patellar tenderness and effusion. As such, the requested service is non-certified.

**Retrospective x-ray of lumbar spine QTY 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiographs (X-rays)

**Decision rationale:** Official Disability Guidelines do not recommend routine x-rays of the lumbar spine in the absence of red flags. The documentation submitted failed to provide evidence of red flags to support the requested x-rays. As such, the request is non-certified.

**Retrospective x-ray of thoracic spine QTY1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiographs (X-rays)

**Decision rationale:** Official Disability Guidelines do not recommend routine x-rays of the thoracic spine in the absence of red flags. The documentation submitted failed to provide evidence of red flags to support the requested x-rays. As such, the request is non-certified.

**Retrospective x-ray of pelvis QTY 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, X-ray

**Decision rationale:** Official Disability Guidelines state plain radiography of the pelvis should routinely be obtained in patients sustaining a severe injury. The clinical information submitted failed to provide evidence that the patient sustained a severe injury. As such, the request is non-certified.

**Retrospective x-ray of right hip QTY 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, X-ray

**Decision rationale:** Official Disability Guidelines state x-rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. The clinical information submitted failed to provide evidence of suspicion that the patient was developing hip osteoarthritis or that the physician was evaluating for this. As such, the request is non-certified.

**Retrospective x-ray of left hip QTY 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, X-ray

**Decision rationale:** Official Disability Guidelines state x-rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. The clinical information submitted failed to provide evidence of suspicion that the patient was developing hip osteoarthritis or that the physician was evaluating for this. As such, the request is non-certified.