

<b>Case Number:</b>	CM13-0041631		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/25/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Diagnostic Radiology, 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:

27 year old patient with date of injury on 8/25/12. According to [REDACTED] note from 9/16/13, the patient's left knee gave out while walking to guest's room carrying linen sheets. The x-ray of the left knee from 9/23/13 showed mild degenerative arthrosis. MRI of the left knee showed meniscus tear and patient was recommended for surgery. On examination, the left knee revealed tenderness. Drawer (pull tibia,) Drawer (push tibia,) Lachman's, Abduction test (Valgus stressing) and adduction (Varus stressing) were negative on both knees. McMurray test with anterior rotation and McMurray test with exterior rotation were positive on the left. The patient had difficulty on the left knee with squat rise, tip toe, duck walk and heel walk. Range of motion of the left knee: knee flexion was 100 degrees, extension was 5 degrees, internal rotation was 20 degrees, and external rotation was 10 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Knee & Leg, Radiography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343.

**Decision rationale:** Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The guideline criteria have not been met. There was a prior left knee x-ray which showed no acute findings. There is no documentation of significant change in clinical symptoms. Thus a repeat left knee x-ray is not medically necessary.