

Case Number:	CM13-0042866		
Date Assigned:	12/27/2013	Date of Injury:	01/02/2013
Decision Date:	02/25/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/21/2013

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 and Rehabilitation and is licensed to practice in New York and Texas. 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 47-year-old female who reported an injury on 01/02/2013. Her left knee gave out while performing normal job duties that reportedly caused injury to her left knee and lower back. The patient was initially treated with medications, physical therapy, and injections. The patient underwent x-rays on 01/25/2013. An x-ray of the lumbar spine revealed no abnormalities, and an x-ray of the left knee revealed a possible lateral cortex change at the tibial articulation. The patient underwent an MRI of the left knee that revealed a grade 1 sprain of the medial collateral ligament, tricompartmental degenerative changes, a ganglion cyst, and fluid in the prepatellar bursa with an intact anterior cruciate ligament graft. The patient underwent an MRI of the lumbar spine in 03/2013 that revealed degenerative changes, a disc bulge at the L5-S1 and T11-12. The patient ultimately developed right knee pain as a result of her injury. The patient's most recent clinical examination findings noted that the patient complained of mid and low back pain, left shoulder pain, right hand pain, and knee pain rated at an 8/10. Physical findings included spasming and tenderness to palpation in the lumbar musculature and bicipital regions, with limited range of motion described as 90 degrees in flexion and 10 degrees in extension. Physical findings of the knee included tenderness in the bilateral knee without effusion, range of motion described as 0 degrees in extension to 100 degrees in flexion. It was also noted that the patient had pain with left shoulder range of motion. The patient's diagnoses included a right knee sprain/strain, derangement of the right knee status post arthroscopic repair, lumbosacral

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient in-house X-Rays of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 303-305, 341-343.

Decision rationale: The requested outpatient in house x-rays of the lumbar spine and right knee are not medically necessary or appropriate. The [REDACTED] do not recommend x-rays in the absence of red flag conditions or serious suspicion of serious spinal pathology. The clinical documentation submitted for review does not provide any evidence that the patient has any red flag conditions or serious spinal pathology. The patient underwent a series of x-rays of the lumbar spine in 01/2013, and an MRI in 03/2013. There has not been a significant change in the patient's clinical presentation to support a change in pathology. Therefore, additional imaging of the lumbar spine would not be supported. The [REDACTED] does not recommend imaging studies until a period of conservative care has failed to treat the patient's symptoms. The clinical documentation submitted for review does provide evidence that the patient is participating in conservative care for the right knee. The efficacy of that treatment would need to be determined prior to imaging studies. As such, the requested in house x-rays of the lumbar spine and right knee are not medically necessary or appropriate.