

Case Number:	CM13-0043678		
Date Assigned:	12/27/2013	Date of Injury:	02/08/2013
Decision Date:	02/18/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/25/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 36 yo male who sustained a work related injury on 02/08/2013. He works as a bartender and was helping to break up an altercation between patrons when he felt his left knee give out. The evaluation in the emergency room revealed a fracture with dislocation of the left knee/tibial plateau. He required open reduction, internal fixation for treatment of a proximal tibial bicondylar fracture. On exam he still complains of pain in the left knee and leg. The treating provider requested x-ray studies of the left and right lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

x-ray of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 335.

Decision rationale: The review of the medical documentation indicates the claimant sustained a major left knee injury on 02/08/2013. The injury required fracture stabilization. He relates a history of increased left knee pain. There is no specific documentation provided necessitating an x-ray of the right lower extremity. An x-ray of the left leg would be appropriate. Medical

necessity for the requested service has not been established. The requested service is not medically necessary.