

Case Number:	CM13-0046199		
Date Assigned:	12/27/2013	Date of Injury:	08/20/2010
Decision Date:	03/07/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery and is licensed to practice in 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 40-year-old male who reported an injury on 08/20/2010. The patient is diagnosed with right leg radiculopathy, degenerative joint disease versus neoplasm in the right knee, and chronic right knee effusion. The patient was seen by [REDACTED] on 10/18/2013. The patient reported ongoing low back pain and right knee and ankle pain. Physical examination revealed decreased lumbar range of motion, intact sensation, palpable tenderness of the paravertebral muscles, swelling over the right knee, tenderness over the medial and lateral joint lines, diminished range of motion on the right, and pain with valgus stress testing of the right knee. Treatment recommendations included an MRI of the right knee and lumbar spine, standing knee x-rays, AP/lateral/flexion and extension views of the lumbar spine, and a prescription for Dilaudid 4 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Standing Knee x-rays with sunrise view: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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) Knee & Leg Chapter, Radiography.

Decision rationale: Chronic Pain Medical Treatment Guidelines/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Criteria for radiographic imaging include joint effusion, palpable tenderness, inability to walk or bear weight immediately or within a week of the trauma, or inability to flex the knee to 90 degrees. As per the clinical documentation submitted the patient's physical examination of the right knee on the requesting date of 10/18/2013 revealed painful valgus stress testing, 115 degree flexion, negative 10 degree extension, and tenderness to palpation with swelling. There was no documentation of an inability to flex the knee to 90 degrees or an inability to walk or bear weight. The patient has also previously undergone x-rays of the right knee on 09/11/2013. There is no documentation of significant red flags for serious pathology or a significant change in the patient's physical examination findings. The medical necessity for additional x-rays has not been established. In addition, the patient is currently being authorized for a knee MRI which would provide adequate diagnostic information. Based on the clinical information received, the request is non-certified.

AP Lateral Flexion and extension views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Chronic Pain Medical Treatment Guidelines/ACOEM Practice Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. As per the documentation submitted, the patient's physical examination of the lumbar spine on the requesting date of 10/18/2013 only revealed tenderness to palpation with limited range of motion. There was no documentation of significant instability or a significant musculoskeletal or neurological deficit. Additionally, a lumbar MRI is currently being authorized for this patient, which should provide adequate diagnostic information. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.