

Case Number:	CM13-0048933		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2012
Decision Date:	05/22/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 expert 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 47-year-old gentleman injured in a work-related accident on May 17, 2012 sustaining injury to the right lower extremity. The clinical records reviewed include a December 11, 2013 operative report to the right knee indicating that the patient underwent a right knee arthroscopy, partial medial and lateral meniscectomy, chondroplasty, and posterior cruciate ligament reconstruction. Follow up clinical assessment dated January 6, 2014 indicated follow up of a surgical process indicating physical examination with well-healed portal sites, solid end point with anteroposterior stressing, and continued tenderness noted about the joint line with palpable effusion. The patient was noted to be one month following surgical process. An initial course of formal physical therapy was recommended for further care. There was a previous request in this case for a fluoroscan weight bearing image of the right knee prior to the patient's surgical process. It is unclear as to need for this procedure. The patient was noted preoperatively to be treated for chronic pain complaints with well-documented posterior cruciate ligament pathology. There was no documentation of plain film radiographs reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FLUOROSCAN WEIGHT BEARING IMAGES OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic) Chapter.

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

Decision rationale: When looking at the Knee Complaints Chapter of the ACOEM Practice Guidelines, the role of fluoroscopy weight bearing films to the right knee would not be indicated. Imaging is indicated following a period of conservative care and observation if there is documentation of positive physical examination findings and unclear diagnosis. The records in this case at time for which fluoroscopy imaging to the knee was recommended already had a clear understanding of the patient's internal anatomy and pathology with clear documentation of prior knowledge of posterior cruciate ligament tearing. It is unclear as to what the fluoroscopic assessment would add to the patient's current condition or ultimate surgical process. The request for one fluoroscan weight bearing images of the right knee is not medically necessary or appropriate.