

<b>Case Number:</b>	CM13-0049661		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/24/2010
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 51-year-old female with complaints of continuing neck pain, right hand pain, bilateral knee pain, and headaches. Diagnoses included chronic cervical strain, overuse syndrome in the upper extremities, and degenerative joint disease bilateral knees. Treatment included physical therapy, medications, weight loss program, and surgical interventions. The patient underwent left total knee arthroplasty on March 19, 2013. The patient continued to experience intermittent pain and swelling in the left knee. There was no history of recent injury to the knee. X-rays of the left knee and left tibia/fibula were documented on July 13, 2013 as no increase osteoarthritis. The patient was seen on September 5, 2013 consultation for right knee total knee arthroplasty. Tenderness of the right knee was documented on exam. Retrospective request for authorization of x-rays of left knee and left tibia/fibula on September 5, 2013 were submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective x-rays DOS 9/5/13 (l) Knee (L) Tibia/Fibula:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 342-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Knee, Radiography.

**Decision rationale:** Indications for knee x-rays per ODG are as follows: - Acute trauma to the knee, fall or twisting injury, with one or more of following: focal tenderness, effusion, inability to bear weight. First study. - Acute trauma to the knee, injury to knee  $\geq$  2 days ago, mechanism unknown. Focal patellar tenderness, effusion, able to walk. - Acute trauma to the knee, significant trauma (e.g, motor vehicle accident), suspect posterior knee dislocation. - Nontraumatic knee pain, child or adolescent - nonpatellofemoral symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). - Nontraumatic knee pain, child or adult: patellofemoral (anterior) symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view. - Nontraumatic knee pain, adult: nontrauma, nontumor, nonlocalized pain. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). In this case the patient had not experienced any new trauma to her knee. She was not complaining of knee pain at the time that the requested x-rays were taken. In addition she had left knee and left tibia/fibula x-rays performed in July, 2 2013. Medical necessity has not been established for the x-rays.