

Case Number:	CM13-0050371		
Date Assigned:	12/27/2013	Date of Injury:	05/26/2010
Decision Date:	03/07/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/13/2013

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 California. 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 53-year-old male who sustained injury to their bilateral knees on 05/26/2010. The patient had left revision knee replacement on 06/26/2012. A physical therapy daily note dated 10/18/2012 indicates that knee is feeling better. AROM of left knee was 0-110 and AROM of right knee was 0-145. The treatment plan was to continue with current rehabilitation program. A follow up note dated 01/18/2013 indicates he presented with persistent stiffness and aching pain on daily basis. He continues to walk with a limp. On exam, left knee ROM was 0 to 115, mild warmth, no effusion, no joint line tenderness, Negative Varus-Valgus tests, and sensory and motor exam intact distally. X-rays of left knee was done that showed, "unchanged left total knee arthroplasty with patellar resurfacing. No evidence of hardware complication or acute osseous abnormality. No significant joint effusion." Bilateral knee radiographs dated 10/11/2013 showed, "left knee: status post left total knee arthroplasty with patellar resurfacing. Components are in standard alignment without evidence of hardware complication. No acute osseous and amount. No effusion. Right knee: Joint spaces are preserved. Alignment is within normal limits. No acute osseous abnormality. Trace effusion." The current review is retrospective for x-rays of the bilateral knees, complete 4 views performed on 10/11/2013. There is a prior adverse determination by [REDACTED] dated 10/18/2013 who stated the request for left knee x-ray is certified as part of post-op follow-up, however, the request for right knee x-ray was non-certified due to no documented medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Rays of the Bilateral Knees Complete 4 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The medical records provided for review does not include documents providing history or physical exam of any complaints related to the right knee. There is no known injury to the right knee or documentation that the patient is not able to bear weight or has a concerning effusion in the right knee. Furthermore, there was no discussion of any conservative therapy that was tried for complaints related to the right knee. It is not within guidelines to routinely screen for knee pathology without complaints or findings on physical exam. In regards to the left knee, there were no guidelines to discuss radiography following arthroplasty with patellar resurfacing. However, per the medical records provided for review, indicates that the patient did well post-operatively and symptomatically improved. Medical documentation reflects that the patient had no setbacks and improved. The retrospective request for X-rays of the bilateral Knees complete 4 views, date of service 10/11/13 is not medically necessary and appropriate.