

Case Number:	CM13-0054316		
Date Assigned:	12/30/2013	Date of Injury:	10/07/2011
Decision Date:	03/14/2014	UR Denial Date:	10/17/2013
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 Family Practice 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 55 year old male who reported an injury on 10/07/2011 due to a twisting motion that reportedly caused an injury to the low back. This was followed by a trip and fall that caused a twisting motion which reportedly caused injury to the left knee. The patient ultimately underwent surgical intervention to include a medial meniscectomy, synovectomy, and chondroplasty in 06/2013. The patient underwent an MR arthrogram in 07/2013 that revealed severe cartilage fraying of the patella and a nondisplaced subchondral trabecular fracture within the lateral aspect of the medial femoral condyle with mild edema within the medial femoral condyle adjacent to the attachment of the MCL. The patient's most recent physical findings included decreased ability to ambulate, left knee large effusion, and diffuse tenderness with a decreased range of motion from 0 degrees in extension to 90 degrees in flexion. A total knee replacement was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2008 , pages 1021-1022.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The requested x-ray of the left knee, date of service 10/11/2013 through 01/11/2014 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend special studies to evaluate knee complaints after a period of conservative care and observation. The clinical documentation submitted for review does not clearly identify the patient's postsurgical care to establish the need for an additional imaging study. There is no documentation that the patient has had any postoperative PT or is participating in a home exercise program. Therefore, the need for this type of imaging study is not clearly identified. As such, the requested x-ray of the left knee, date of service 10/11/2013 to 01/11/2014 is not medically necessary or appropriate.