

Case Number:	CM13-0056514		
Date Assigned:	12/30/2013	Date of Injury:	04/28/1999
Decision Date:	04/10/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/22/2013

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 Orthopaedic Surgery, 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 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 claimant is a 67-year-old female who was injured in a work-related accident on April 28, 1999. Clinical records provided for review included a January 10, 2014 request for authorization documenting that the claimant had continued complaints of chronic neck pain, bilateral wrist and hand, and bilateral knee pain with numbness. Physical examination showed a slow gait with use of a cane, tenderness over the wrist, and tenderness over the bilateral knees with restricted range of motion secondary to pain. The recommendation at that time was for a course of formal physical therapy. Specific to the claimant's right knee, there was documentation of prior radiographs demonstrating mild medial compartment narrowing bilaterally. Previous treatment has included arthritic treatment for the knees including visco supplementation. There was documentation of a prior right knee arthroscopy with debridement of grade III trochlear changes and grade II patellar changes in 2004. At present, there is a request for a right knee radiograph to be performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY OF THE RIGHT KNEE AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee procedure - Radiography (x-rays).

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

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at the Official Disability Guidelines, radiographs to the right knee would not be indicated. The claimant's right knee diagnosis of osteoarthritis is well established from previous imaging and arthroscopic findings. The documentation provided for review does not contain any indication of a clinical change in the claimant's condition or significant change in the clinical course of care that would indicate need for further radiographic testing. The documentation of the claimant's physical examination of the right knee does not indicate a change in clinical presentation that would warrant surgical intervention for which radiographs would be needed. The request for a right knee radiograph in this claimant whose diagnosis is already well established would not be supported.