

<b>Case Number:</b>	CM13-0072362		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	09/02/2010
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Texas. 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:

The injured worker is a 61 year old female who reported an injury on 09/02/2010 secondary to an unknown mechanism of injury. An MRI of the left knee on 01/26/2012 revealed a large joint effusion and degenerative joint changes involving the medial, lateral, and patellofemoral compartments. The injured worker received a steroid injection in 02/2012 and reported that it "was of no help." An x-ray of the left knee on 08/01/2012 revealed bone-on-bone articulation in the medial compartment and endstage arthritis. The injured worker was evaluated on 12/03/2013 and reported left knee pain of unknown severity. On physical examination, she was noted to have a fixed flexion contracture and popliteal fossa swelling. A request for authorization was submitted on 12/09/2013 for a left total knee replacement, pre-operative x-ray of the left knee, and post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PRE-OPERATIVE X-RAY LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Knee Complaints, Page 1021-1022.

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

**Decision rationale:** The request for pre-operative x-ray of the left knee is not medically necessary. The injured worker reported ongoing left knee pain and imaging studies in 2012 revealed arthritis and other degenerative joint changes. California MTUS/ACOEM Guidelines do not recommend imaging studies until after a period of conservative care and observation. There is no recent documentation that the injured worker has failed conservative treatment methods to include medications and physical therapy. An x-ray of the left knee was performed on 08/01/2012. There are no exceptional factors documented to indicate a need for an additional x-ray. Furthermore, the request for the left total knee replacement surgery was non-certified. As such, the request for pre-operative x-ray of the left knee is also not medically necessary.