

Case Number:	CM14-0105276		
Date Assigned:	07/30/2014	Date of Injury:	09/19/2012
Decision Date:	12/10/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/08/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 46 year old male who was injured on 9/19/2012 after tripping over a pallet. He was diagnosed with left knee sprain/strain, left knee degenerative joint disease, lumbar disc bulge, and lumbar spine radiculitis. He was treated with surgery (left knee arthroscopy), epidural steroid injections, physical therapy, knee bracing, and Synvisc injections. The most recent progress note prior to the request, was from an office visit with the worker's secondary treating physician (orthopedic) on 5/14/14, when the worker reported continual left knee pain and a recent exacerbation of his left knee pain after it "gave out on him" and "felt a grind in his knee", which happened a few weeks prior. Physical examination of the left knee revealed significant varus deformity, tenderness over medial greater than lateral joint line, and crepitus with range of motion of the knee. He was given a cortisone injection to the left knee, asked to continue with anti-inflammatory medication, and use his brace with limited activity. The option of total knee replacement was discussed only. Later, on 6/2/14, a request for a left knee x-ray was completed by his primary treating provider (not his secondary treating provider), without documentation (progress notes) from a visit with the primary provider around the time of to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Knee and Leg Chapter, X-Ray

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

Decision rationale: The MTUS ACOEM Guidelines state that special studies, including x-rays, of the knees are not needed for most knee complaints until after a period of care and observation and once red flag issues are ruled out. Criteria for not requiring an x-ray of the knee, based on the American College of Radiology (ACR), include: 1. The patient is able to walk without a limp, and 2. The patient had a twisting injury and there is no effusion. Also, criteria for ordering an x-ray include: 1. Joint effusion within 24 hours of direct blow or fall, and 2. Palpable tenderness over fibular head or patella, 3. Inability to walk (four steps) or bear weight immediately or within a week of the trauma, 4. Inability to flex knee to 90 degrees, and 5. Patients with significant hemarthrosis and a history of acute trauma. In the case of this worker, and based on the limited documentation from the time of the request for an x-ray of the left knee, there was no indication that an x-ray was the appropriate test considering his presentation to his orthopedic doctor just prior to the request, which suggested a sprain in the setting of moderate to severe osteoarthritis. Conservative treatment as was suggested by his orthopod seemed to be appropriate at the time he was seen by the orthopod. Therefore, based on this information provided for review, it is of the opinion of the reviewer that an x-ray of the left knee is neither medically necessary nor appropriate.