

Case Number:	CM14-0012900		
Date Assigned:	02/24/2014	Date of Injury:	02/26/2013
Decision Date:	06/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 52-year-old male with a reported date of injury on 02/28/2013. The mechanism of injury was a trip and fell. His diagnoses were noted to include right knee surgery and left knee internal derangement. The injured worker's previous treatments were noted to include medications and surgeries. The progress noted dated 09/03/2013 reported +3 tenderness to the right knee. The progress note dated 01/07/2014 reported the right knee x-ray total arthroplasty, no fractures or lucencies, and left knee x-ray showed degenerative joint disease in the lateral and patellofemoral compartments. The Request for Authorization form was not submitted within the medical records. The request is for x-rays to the bilateral knees. The provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAYS BILATERAL KNEES: Upheld

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

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

Decision rationale: The request for x-rays to the bilateral knees is not medically necessary. The injured worker had a previous x-ray dated 12/2013 to the bilateral knees. ACOEM Guidelines state the clinical parameters for ordering knee radiographs following trauma are: joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, and inability to walk 4 steps or bear weight immediately or within a week of the trauma, or inability to flex knees to 90 degrees. ACOEM also states special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. X-rays of the bilateral knees were performed in 12/2013. The physician's rationale for the requested x-rays was not indicated within the documentation. The previous x-rays to the bilateral knees reported no fractures or lucency to the right knee, and the left knee had degenerative joint disease at the lateral and patellofemoral compartments. There is a lack of documentation of physical examination findings which would indicate the need for x-rays. Therefore, due to the clear previous x-rays, it is unknown if x-rays are appropriate at this time. Therefore, the request is not medically necessary.