

Case Number:	CM14-0013169		
Date Assigned:	02/24/2014	Date of Injury:	08/14/2007
Decision Date:	07/24/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational Medicine 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:

The patient is a 63-year-old female who has submitted a claim for knee pain associated with an industrial injury date of 08/14/2007. Medical records from 09/10/2013 to 03/12/2014 were reviewed and showed that patient complained of bilateral knee pain, left more than right, graded 8-9/10. Pain is aggravated by walking, bending, and squatting; and relieved by medications and ice. Physical examination showed well-healed incisions. No joint line tenderness was noted. Both knees had 2+ evidence of flexion instability, and range of motion was limited, but alignment was normal. Mild left knee patellofemoral crepitation was noted. Deep Tendon Reflexes are 2/4 at bilateral knee jerk and ankle jerk levels. Motor testing was normal. Sensation was intact. X-ray of the bilateral knees, dated 09/27/2013, showed bilateral total knee arthroplasties with no sign of loosening, with no sign of mal-alignments. There was evidence of patellofemoral effusion and tilt with no evidence of fracture. Treatment to date has included medications, physical therapy, and bilateral stage total knee arthroplasty (2006, 2008). Utilization review, dated 01/27/2014, denied the request for bilateral knee x-rays because patient was improving and there was no documentation presented to warrant radiographs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anteroposterior, Lateral and merchant view x-rays of the 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: As stated on pages 341-343 of the California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. In this case, patient complained of bilateral knee pain despite medications and surgery. However, the patient's knee injury was not acute and there is no sufficient evidence to suspect whether a fracture is present based on the available clinical data. Moreover, bilateral knee x-ray, dated 09/27/2013, showed no loosening or mal-alignment of total knee arthroplasty, and no evidence of fracture. Therefore, the request for Anteroposterior, Lateral and merchant view x-rays of the knees is not medically necessary.