

<b>Case Number:</b>	CM14-0014846		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Internal 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:

This is a 42-year-old female with a 7/16/10 date of injury to her left knee after falling in a basement and is status post ACL reconstruction in 2010. She was seen on 1/8/14 with ongoing complaints of left knee pain and numbness despite medication use, which she states is an 8-9/10 on VAS. Exam findings revealed an antalgic gait and the patient was utilizing a cane. There was guarding of the left knee and the physician was unable to bend it secondary to pain. She was unable to perform a straight left test and weakness of the hip flexors was noted. Sensation was grossly intact. Excessive weight gain has been noted. There were no signs of instability. Her diagnosis is arthrofibrosis of the left knee. Treatment to date: physical therapy, medication management, Supartz injection, electrical stimulation, ice.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-RAY OF LEFT KNEE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** CA MTUS states that for patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. This patient had an ACL reconstruction in 2010 to the left knee. She has had ongoing complaints of difficulty bending the left knee with significant guarding. MTUS states that inability to flex the knee to 90 degrees is within the clinical parameters for ordering a plain film. The patient has a diagnosis of arthrofibrosis of the knee and is clinically worsening. Therefore, the request for a left knee X-ray was medically necessary.