

<b>Case Number:</b>	CM14-0017095		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/07/2010
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 and Rehabilitation, and is licensed to practice in Nevada. 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 62-year-old male injured on July 7, 2010. The mechanism of injury was noted as standing up from a sitting position and reportedly injuring the medial and lateral meniscus of the knee. The most recent progress note indicates that there are ongoing complaints of knee pain. The physical examination demonstrated no joint effusion, a range of motion, no medial or lateral joint line tenderness and no ligamentous laxity. Diagnostic imaging studies noted degenerative changes in the right shoulder; however, there was no overt pathology objectified in the right knee. Previous treatment included shoulder surgery and conservative care involving the right knee. A request had been made for this enhanced imaging study and was not certified in the pre-authorization process completed January 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTRAST X-RAY OF THE KNEE JOINT:** 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 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** When considering the reported mechanism of injury, the date of injury, the body habitus of the injured employee and by the multiple physical examinations that have not identified any specific intra-articular pathology; noting a full range of motion and a lack of joint effusion, there is no clinical indication to perform this type of imaging study. The progress notes indicate the injured employee is able to work; however, does not do the regular exercise protocol at the gym. The employee is able to participate in regular exercise. The request for a contrast X-ray of the knee joint is not medically necessary or appropriate.