MAXIMUS Federal Services

Case Number:	CM14-0113770		
Date Assigned:	08/04/2014	Date of Injury:	07/12/1994
Decision Date:	09/18/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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 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 68 year-old female who sustained an injury on 7/12/94. She fell and injured her neck, back and both knees. She was felt to have myofascial pain syndrome for which myofascial therapy treatment were recommended. She was also found to have cervical strain, cervical degenerative disc disease, thoracic strain and patellofemoral syndrome. She reported that she had constant pain in the anterior aspect of her bilateral knees aggravated by stairs, prolonged standing, walking, unable to squat, twist or lift heavy objects. She had multiple surgeries on both feet in the past. Exam of the knees noted no malalignment issues. She had patellofemoral discomfort and crepitus bilaterally. There was a 1+ effusion in both knees. She was very tender at the medial joint line, and had pain with McMurray testing bilaterally. She had trace pretibial edema bilaterally. ROM of knees was 0-130 degrees but with pain past 110 degrees of flexion bilaterally. She is unable to take anti-inflammatory medication due to kidney disease, and cannot tolerate cortisone as she gets palpitations. She wears supportive orthopedic shoes. Diagnoses: Bilateral patellofemoral syndrome, Myofascial pain syndrome; chronic cervical sprain/strain, cervical degenerative disc disease; chronic thoracic sprain/strain.UR request for Fluoroscan Right Knee was denied on 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscan Right Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee.

Decision rationale: Per ODG, X-ray studies of the knee joint are indicated in acute trauma with focal tenderness, effusion or inability to bear weight, or in non-traumatic knee pain. In this case, the injured worker was seen by the provider on 6/19/14 and was diagnosed with B/L degenerative arthritis with possible internal derangement. Fluoroscopic image was then recommended. While X-ray study of B/L knees are indicated in this injured worker, it is not clear as to why fluoroscopic imaging (as is used for surgical interventions) has been requested. Therefore, the medical necessity of the request is not established based on the guidelines and available clinical information.