

Case Number:	CM14-0117429		
Date Assigned:	09/16/2014	Date of Injury:	04/23/2014
Decision Date:	12/02/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 36-year-old male who reported an injury on 04/23/2014. The mechanism of injury was a fall. On 04/24/2014, the injured worker presented with pain in the upper arms, left forearm, bilateral wrist, jaw, right knee, and thoracic and lumbar spine. Upon examination of the right knee, complaints of pain with motion. There was no restriction to the knee motion or any locking or clicking affecting the knee. There was no numbness or tingling or weakness noted. Diagnoses were sprain/strain of the knee and contusion of the knee. A prior undated x-ray of the right knee revealed normal findings. The provider recommended a x-ray of the right knee. The providers rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays: Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, 303, Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (Web), 2014, Pulmonary X-rays

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

Decision rationale: The request for x-rays: right knee is not medically necessary. The California MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Clinical parameters of ordering knee radiographs following trauma include joint effusion within 24 hours of a direct blow or fall, palpable tenderness over the fibula head or patella, inability to walk or bear weight immediately or within 1 week of trauma, and inability to flex knee to 90 degrees. Upon physical exam there was no tenderness noted over the medial or lateral joint line. No joint effusion noted. Right popliteal fossa was noted to be nontender. Normal range of motion and 5/5 strength. There was no joint effusion, palpable tenderness, or the inability to flex the knee to 90 degrees noted. As such, medical necessity has not been established.