

Case Number:	CM14-0119058		
Date Assigned:	08/06/2014	Date of Injury:	05/24/2002
Decision Date:	09/17/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/29/2014

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:

According to the records made available for review, this is a 54-year-old male with a 5/24/02 date of injury, and right total knee replacement on 6/18/05. At the time (7/3/14) of request for authorization for Weight bearing X-rays both knees to include sunrise views, there is documentation of subjective (right knee pain) and objective (2 cm difference in leg length) findings, current diagnoses (closed dislocation of patella), and treatment to date (medications and chiropractic therapy). There is no documentation of suspected fracture; joint effusion within 24 hours of direct blow or fall; palpable tenderness over fibular head or patella; inability to walk (four steps) or bear weight immediately or within a week of the trauma; and/or inability to flex knee to 90 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Bearing X-rays, both knees to include sunrise views: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints Page(s): 341-343.

Decision rationale: MTUS reference to ACOEM identifies documentation of failure of conservative care; suspected fracture; joint effusion within 24 hours of direct blow or fall; palpable tenderness over fibular head or patella; inability to walk (four steps) or bear weight immediately or within a week of the trauma; and/or inability to flex knee to 90 degrees, as criteria necessary to support the medical necessity of knee radiographs. Within the medical information available for review, there is documentation of a diagnosis of closed dislocation of patella. In addition, there is documentation of failure of conservative care. However, there is no documentation of suspected fracture; joint effusion within 24 hours of direct blow or fall; palpable tenderness over fibular head or patella; inability to walk (four steps) or bear weight immediately or within a week of the trauma; and/or inability to flex knee to 90 degrees. Therefore, based on guidelines and a review of the evidence, the request for Weight Bearing X-rays, both knees to include sunrise views is not medically necessary.