

Case Number:	CM14-0137881		
Date Assigned:	09/05/2014	Date of Injury:	10/24/2003
Decision Date:	09/29/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/26/2014

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:

There were 20 pages provided for this review. The application for independent medical review was signed on August 26, 2014. It was for an x-ray of the left knee. There was a review provided on August 15, 2014. The patient complained of pain which was rated as seven out of 10 as of July 30, 2014. Without medicine it is rated as 10 out of 10. The patient had a right-sided pushoff antalgic gait and a stooped gait. There was restricted range of motion in the lumbar spine with flexion limited to 86 limited by pain and extension. Straight leg raising test was positive on the right side. Gaenslen's test was positive, as was FABERE test. Pelvic compression test was also positive. The patient takes Norco and fentanyl. There was an x-ray of the left knee but no objective interpretation. The reason for the request was not given. There was a limited left knee examination. There is no defined explanation regarding the manner of injury or specific diagnosis for which an x-ray of the knee as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

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

Decision rationale: Per the ACOEM Knee complaints, page 343, Table 13-5, knee x-rays are insufficient for meniscus tear, ligament strain, ligament tear, tendinitis, prepatellar bursitis, and regional pain, but is just one plus for a patellofemoral syndrome. The utility for doing this test is unclear. Also, there is limited knee exam, and no solid rationale given by the provider to do the test. The request is not medically necessary under the MTUS guidelines.