

<b>Case Number:</b>	CM14-0144344		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/30/2006
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 61-year-old female who was injured on August 30, 2006. The patient continued to experience pain in her right knee. Physical examination was notable for decreased range of motion of the right knee, mild synovitis right knee, and grossly normal neurovascular examination. Diagnoses included status post painful total right knee replacement, and probable mechanical loosening of the prosthesis. Treatment included intraarticular injections, medications and surgery. Requests for authorizations for 3 x-rays of the knee and 3 follow up visits with the orthopedic specialist were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 X-rays of the knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Right knee x-rays are recommended if fracture is being considered. Indications of knee x-rays are as follows: - Acute trauma to the knee, fall or twisting injury, with

one or more of following: focal tenderness, effusion, inability to bear weight, first study.- Acute trauma to the knee, injury to knee  $\geq$  2 days ago, mechanism unknown, focal patellar tenderness, effusion, able to walk.- Acute trauma to the knee, significant trauma (e.g., motor vehicle accident), suspect posterior knee dislocation.- Non-traumatic knee pain, child or adolescent - non-patellofemoral symptoms; mandatory minimal initial exam, Anteroposterior (standing or supine) & Lateral (routine or cross-table).- Non-traumatic knee pain, child or adult: patellofemoral (anterior) symptoms; mandatory minimal initial exam; Anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view.- Non-traumatic knee pain, adult: non-trauma, non-tumor, non-localized pain; mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table) in this case the patient did not have acute trauma. There was Non-traumatic knee pain in the presence of knee prosthesis. Bone scan had been done and white blood cell scan was pending. There is no indication for knee x-rays. The request should not be authorized.

**3 Follow up visits with an orthopedic specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. In this case referral to orthopedic surgeon was indicated due to failure of conservative treatment and to consider treatment for possible loosened prosthesis. There is no medical indication for three visits to an orthopedic specialist. The request should not be authorized.