

Case Number:	CM14-0171246		
Date Assigned:	10/23/2014	Date of Injury:	10/01/2000
Decision Date:	12/11/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 55-year-old male with a 10/1/2000 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 9/22/14 noted subjective complaints of right knee pain. Objective findings included right knee crepitus and medial tenderness. Right knee X-ray from 7/26/13 showed narrowing of the medial compartment with early osteophytosis of the medial compartment and undersurface irregularity of the patellofemoral compartment. Diagnostic Impression: patellar facet syndrome. Treatment to Date: medication management, knee surgery, and orthovisc injections. A UR decision dated 9/29/14 denied the request for long standing x-rays of the right knee. The repeat x-rays do not appear to likely significantly affect treatment at this time since there is such significant arthritis already known to be present as noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Long standing X-rays of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg, Radiography

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

Decision rationale: CA MTUS states that for patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. However, in the documents available for review, the patient is noted to have had a prior right knee X-ray on 7/26/13, which demonstrated osteoarthritis. There is no documentation of any interval trauma or other injury to warrant the need for repeat radiographs. Additionally, there is no clear documentation of failure of conservative therapy such as physical therapy. Therefore, the request for long standing x-rays of the right knee is not medically necessary.