

Case Number:	CM14-0175811		
Date Assigned:	10/27/2014	Date of Injury:	01/08/2000
Decision Date:	12/03/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/10/2014

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 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 61 year old man who was working as a security guard when he was injured on 1/8/2000. He had a total knee replacement on May 28, 2013. According to the most recent office note attached of Sept 8, 2014, the worker complains of increasing pain to the medial aspect of his left knee that is present when walking. Exam reveals mild tenderness to the medial aspect of the left knee with flexion to 110-degrees.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 333-341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Radiography

Decision rationale: Initial imaging of this worker's left knee was taken and the worker was treated accordingly with a left knee replacement. Per the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, in the absence of red flags including signs of infection, systemic disease, neurologic conditions, additional trauma or a history of deformity,

repeat radiographs are not indicated. Per the Official Disability Guidelines (ODG), radiography is recommended in a primary care setting, if a fracture is considered, injured workers should have radiographs if the Ottawa criteria are met. In an emergency room setting, in injured workers of any age except for infants, the clinical parameters used for not requiring an x-ray following knee trauma are as follows: Injured worker is able to walk without a limp, and Injured worker had a twisting injury and there is no effusion. The clinical parameters for ordering knee x-rays in this population following trauma are as follows: 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 in the emergency room or within a week of the trauma, and Inability to flex knee to 90 degrees. Normal x-ray results can be expected in the absence of immediate swelling, ecchymosis, deformity, increased warmth, or abrasion/laceration. A fracture can be excluded if the single lateral view of the knee is normal, eliminating the need for additional radiographic views. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by magnetic resonance (MR). In addition to magnetic resonance (MR), single photon emission computed tomography (SPECT) has also been reported to be accurate for diagnosing meniscal injuries, while sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. Studies have suggested that the symptoms of knee osteoarthritis (OA) are rather weakly associated with radiographic findings and vice versa. Based on a review of all studies, the proportion of those with knee pain found to have radiographic osteoarthritis ranged from 15-76%, and in those with radiographic knee OA the proportion with pain ranged from 15% - 81%. The results of knee x rays should not be used in isolation when assessing individual injured workers with knee pain. The worker states he has increasing knee pain with walking. Neither the American College of Occupational and Environmental Medicine (ACOEM) Guidelines criteria, the Ottawa criteria nor the Official Disability Guidelines (ODG) criteria are met. Therefore the request is not medically necessary.