

<b>Case Number:</b>	CM14-0178826		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Family Medicine, and is licensed to practice in Texas, Ohio, and Florida. 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 46-year-old female, who reported an injury on 04/10/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar sprain and disc bulge with radiculitis and left hip sprain/strain. The previous treatments included medication, injections, chiropractic sessions, and physical therapy. Within the clinical note dated 08/05/2014, it was reported the injured worker complained of pain in the low back and left hip. The injured worker reported left knee swelling and pain. She rated her pain a 6/10 in severity. She reported her pain radiated into both hips and left groin. Upon physical examination, the provider noted there was tenderness in the sacroiliac joint on the left, the left gluteal, quadratus lumborum, lower sacroiliac joint, lower L4-S1 and left paraspinal muscles. The injured worker had a positive Patrick's (faber) test on the left. The provider indicated the injured worker had a positive Kemp's, and Yeoman's test on the left. The provider requested a left knee x-ray. However, the rationale was not submitted for clinical review. The request for authorization was not submitted for clinical review.

### 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 & Leg (updated 08/25/14)

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

**Decision rationale:** The request for x-ray of the left knee is not medically necessary. The California MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly, once any red flag issues are ruled out. Criteria for ordering radiographs include joint effusion within 24 hours of direct blow or fall, probable tenderness over fibular head or patella, inability to walk 4 steps or bear weight immediately within a week of trauma, inability to flex the knee to 90 degrees. There is lack of significant objective findings indicating the injured worker was unable to walk 4 steps or bear weight. There is lack of significant objective findings of the inability of the injured worker to flex his knee to 90 degrees. There is a lack of documentation indicating the injured worker had probable tenderness over the fibular head or patella. Therefore, the request for X-ray is not medically necessary.