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| Case Number: | CM14-0183793 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 06/02/2008 |
| Decision Date: | 12/26/2014 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 11/04/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 56 year old with an injury date on 6/2/08. Patient complains of bilateral knee pain that "crack a lot" and has difficulty walking per 9/26/14 report. Patient underwent back surgery (unspecified) 3.5 months ago and is having some therapy for the back, but his knee pain is "now...quite painful" per 9/26/14 report. Based on the 9/26/14 progress report provided by The treating physician, the diagnosis is osteoarthritis both knees. Exam on 9/26/14 showed "slightly reduced range of motion, lacking a few degrees of full extension in bilateral knees, and flex to about 115 degrees." Patient's treatment history includes cortisone shots without relief, lubricating shots without relief, medications. The treating physician is requesting pre-operative X-ray. The utilization review determination being challenged is dated 10/10/14. The treating physician provided a single treatment report from 9/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative xray: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Knee & leg chapter, Radiography

Decision rationale: This patient presents with bilateral knee pain. The treater has asked for PRE OPERATIVE X-RAY on 9/26/14. It appears to be a retrospective request, as the 9/26/14 report states 3 views of left and right knee were ordered, showing "severe osteoarthritis tricompartmental in both knees with complete loss of the joint space between the tibia and the femur in both of his knees and significant patellofemoral arthritis as well." Regarding X-rays, ODG guidelines consider it mandatory for non-traumatic injuries. In this case, the patient is preparing to undergo a total knee arthroplasty (left knee first, then right knee 3 months later) and the treater has requested a knee x-ray for pre-operative evaluation. Review of the reports do not show a recent set of X-rays. Therefore this request is medically necessary.