

<b>Case Number:</b>	CM14-0023636		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 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 injured worker is a 58 year old female who was injured on 05/20/11 due to a fall. The injured worker is status post left knee arthroscopic partial meniscectomy of the medial and lateral meniscus as well as a shaving chondroplasty of the trochlea of the left knee in 08/2011. The injured worker has suffered injuries to multiple body parts; however, the injured worker's complaints pertinent to this review include bilateral knee pain. The injured worker is diagnosed with pain in joint lower leg. Records do not describe previous treatment for the bilateral knees aside from the mention of left knee surgery. It is noted the injured worker takes naproxen, tramadol, Aspirin, Omeprazole and Pantoprazole, Protonix. Records do not include a detailed physical examination and functional limitations or other abnormalities of the bilateral knees are not described. Records indicate the injured worker continues to work as a housekeeper and is tolerating this. This is an appeal request for Xrays of the bilateral knees which was denied by utilization review dated 01/24/14. The earliest clinical note accompanying this appeal is dated 01/07/14 but was electronically signed on 02/19/14. This note states the requesting provider is in receipt of a denial for bilateral knee Xrays which were requested to determine if there is a loss of cartilage. This note states the injured worker has had persistent pain since injury in 2011 despite conservative and surgical treatment. It is noted an appeal will be submitted. This is an appeal request for Xrays of the bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray left knee standing up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2008 Revision), Managing Knee Complaints, pages 1021-1022.

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

**Decision rationale:** The request for Xray of the left knee standing up is not recommended as medically necessary. American College of Occupational and Environmental Medicine (ACOEM) indicates imaging studies of the knees may be warranted when an individual demonstrates significant limitations such as inability to flex the knee to 90 degrees, inability to walk or bear weight, joint effusion or palpable tenderness. The records submitted for review do not include physical examinations of the knees. As such, there is no evidence of significant functional limitation which would warrant investigation with an imaging study. Records indicate the injured worker continues to work and is able to tolerate and perform her employment duties. Based on the clinical information provided, medical necessity of an Xray of the left knee standing up is not established.

**X-ray left knee sunrise view:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2008 Revision), Managing Knee Complaints, page 1021-1022.

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

**Decision rationale:** The request for Xray of the left knee sunrise view is not recommended as medically necessary. American College of Occupational and Environmental Medicine (ACOEM) indicates imaging studies of the knees may be warranted when an individual demonstrates significant limitations such as inability to flex the knee to 90 degrees, inability to walk or bear weight, joint effusion or palpable tenderness. The records submitted for review do not include physical examinations of the knees. As such, there is no evidence of significant functional limitation which would warrant investigation with an imaging study. Records indicate the injured worker continues to work and is able to tolerate and perform her employment duties. Based on the clinical information provided, medical necessity of an Xray of the left knee sunrise view is not established.

**X-ray right knee standing up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2008 Revision), Managing Knee Complaints, page 1021-1022.

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

**Decision rationale:** The request for Xray of the right knee standing up is not recommended as medically necessary. American College of Occupational and Environmental Medicine (ACOEM) indicates imaging studies of the knees may be warranted when an individual demonstrates significant limitations such as inability to flex the knee to 90 degrees, inability to walk or bear weight, joint effusion or palpable tenderness. The records submitted for review do not include physical examinations of the knees. As such, there is no evidence of significant functional limitation which would warrant investigation with an imaging study. Records indicate the injured worker continues to work and is able to tolerate and perform her employment duties. Based on the clinical information provided, medical necessity of an Xray of the right knee standing up is not established.

**X-ray right knee sunrise view:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2008 Revision), Managing Knee Complaints, page 1021-1022.

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

**Decision rationale:** The request for Xray of the right knee sunrise view is not recommended as medically necessary. American College of Occupational and Environmental Medicine (ACOEM) indicates imaging studies of the knees may be warranted when an individual demonstrates significant limitations such as inability to flex the knee to 90 degrees, inability to walk or bear weight, joint effusion or palpable tenderness. The records submitted for review do not include physical examinations of the knees. As such, there is no evidence of significant functional limitation which would warrant investigation with an imaging study. Records indicate the injured worker continues to work and is able to tolerate and perform her employment duties. Based on the clinical information provided, medical necessity of an Xray of the right knee sunrise view is not established.