

<b>Case Number:</b>	CM14-0029121		
<b>Date Assigned:</b>	06/18/2014	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 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 50 year old male who sustained a low back injury on 8/17/2009 while at work. He underwent L5 - S1 interbody fusion in October of 2011 as well as placement of a spinal cord stimulator on 12/4/2013. After placement of the spinal cord stimulator the injured worker experienced improved leg pain but continued low back pain. Treating physician note dated 2/4/2014 indicated that the injured worker continued to have low back pain with improvement of lower extremity symptoms. He was continuing to use Neurontin for control of his lower extremity radicular symptoms. The injured worker was also complaining of new onset knee pain, left side greater than right. This appears to have been secondary to the injured worker using his knees more when bending as well as an increase in weight. Physical examination showed generalized tenderness of the medial and lateral aspects of the knees, more on the left side. There was no edema, laxity or crepitus. Pain medication was adjusted and a request for a radiograph of the left knee as well as physical therapy for range of motion and strengthening after the placement for the spinal cord stimulator. The request for radiographs of the left knee were initially denied based on the fact that the physical examination findings were not indicative of potential pathology that would necessitate radiographs and that a trial of physical therapy had not been completed for the injured worker's knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee radiograph:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Radiography (x-rays) Official Disability Guidelines (ODG), Knee and Leg, Physical medicine treatment.

**Decision rationale:** The injured worker has complaints of knee pain per the treating physician's note dated 2/4/2014. Physical examination showed generalized softness of the inner and outer parts of the knees, more on the left side. There was no swelling, looseness, or popping/cracking sounds of the knee. The injured worker's movement was normal and there was no noted restricted range of motion of the left knee joint. The request is for an x-ray, or radiograph, of the left knee, but no conservative treatment has been used, including physical therapy. The Official Disability Guidelines for the knee and leg also recommend documentation of trauma in order to get an x-ray completed. There is no documentation of trauma. Therefore, the left knee radiograph is not medically necessary.