

Case Number:	CM14-0034228		
Date Assigned:	06/20/2014	Date of Injury:	01/17/2013
Decision Date:	07/22/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/19/2014

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 Nevada. 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 44-year-old female who was reportedly injured on January 17, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated January 8, 2014, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated tenderness over the patellar ligament and its insertion of the tibial tuberosity. There was a positive patellar grind test. Diagnostic imaging studies objectified a mixoid intrasubstance signal within the posterior part of the medial meniscus. The treatment plan included weight-bearing x-rays of the left knee. A request was made for weight-bearing x-rays of the left knee and was not certified in the pre-authorization process on February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray left knee weight bearing with Sunrise: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s) : 341. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter- X-RAYS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), radiographs, updated June 5, 2014.

Decision rationale: According to medical records provided the injured employee has had two MRIs of the left knee, one on January 28, 2013 and another on July 19, 2013. Neither of these x-rays shows evidence of any cartilage or bony abnormalities. Knowing this, it is unclear why standing x-rays with sunrise view were requested for the left knee. This request for standing x-rays of the left knee with a sunrise view is not medically necessary under the Official Disability Guidelines (ODG).