

<b>Case Number:</b>	CM14-0040569		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/02/1995
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Occupational 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 patient is a 59-year-old female with date of injury 05/02/1995. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/27/2014, lists subjective complaints as pain and swelling of the right ankle. Objective findings include examination of the right ankle revealed tenderness to palpation and edema. No other abnormalities were noted. There was no record of an exam performed on the knees and no mention made of the knees in the subjective section of the report. The diagnosis is chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat X-Rays Bilateral Knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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), Radiography.

**Decision rationale:** The complete lack of findings documented on the chart note failed to meet the minimum criteria stated in the Official Disability Guidelines (ODG) for x-ray imaging of the knee. As such, the request for repeat x-rays bilateral knees is not medically necessary.

