

<b>Case Number:</b>	CM14-0042624		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	12/02/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Orthopedic Surgery 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:

This 54-year-old female licensed practical nurse sustained an industrial injury on 12/2/11. Injury occurred when a man in an electronic wheelchair ran over her left foot. Injury was sustained to the left ankle on 3/23/13 when she was walking out of a bathroom and her left foot slipped and she fell. She was diagnosed with a distal fibular fracture. She developed a contracture of the left foot. The 1/15/14 treating physician report documented an increased number of falls. The patient reported her left foot hurt so bad that she loses her balance and falls. The 1/20/14 orthopedic report indicated the patient had been diagnosed with complex regional pain syndrome (CRPS), but opined that the patient had a spastic left foot secondary to a tendon rupture that occurred during the original crushing injuries. Left ankle x-rays were obtained and showed some beginning flexion contracture of the tarsal joint and no spotty osteoporosis consistent with the development of CRPS) Right lower extremity examination was within normal limits, gait was steady, range of motion was normal without pain, and muscle strength and tone were 5/5. There was no misalignment, asymmetry, crepitation, defect, instability, tenderness, mass, or effusion noted. A diagnostic left ankle block was recommended. The 1/29/14 orthopedic evaluation documented evaluation of the left foot and ankle and right shoulder. A right shoulder x-rays was recommended. The 3/26/14 utilization review denied the request for right knee x-rays as the medical necessity had not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Ray of the Right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Radiography (x-rays).

**Decision rationale:** The California MTUS do not recommend routine radiographs for most knee complaints or injuries. Plain-films are recommended for suspected red flags. The Official Disability Guidelines recommend x-rays when indications are met. Criteria include acute trauma to the knee with focal tenderness, effusion, inability to bear weight or walk, and/or suspected patellar dislocation. Criteria support initial x-ray studies for adults with non-traumatic non-patellofemoral or patellofemoral symptoms, or non-localized pain. Guideline criteria have not been met. There is no evidence in the record of right knee pain. There are no clinical right knee exam findings suggestive of red flags. Therefore, this request for right knee x-rays is not medically necessary.