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| <b>Case Number:</b>   | CM14-0047014 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 12/15/2012 |
| <b>Decision Date:</b> | 08/26/2014   | <b>UR Denial Date:</b>       | 03/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/15/2014 |

### 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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 53-year-old male with a reported date of injury on 12/15/2012. The mechanism of injury was noted to be a lifting injury. His diagnoses were noted to include lumbar discogenic disease at L4-5 and L5-S1, a 4 mm posterior disc protrusion, facet arthropathy, disc space collapse at L5-S1, and lumbar radiculopathy on the left. His previous treatments were noted to include medications and physical therapy. The progress note dated 07/30/2013 revealed the injured worker complained of lumbar spine pain, myospasms, and numbness with loss of motion. The injured worker rated his pain as 7/10. The physical examination revealed limited and painful range of motion to the lumbar spine. The provider indicated the injured worker had pain on palpation, taut muscles/spasm of the lumbar spine with edema and swelling. The provider reported a sensory loss of the left lower extremities, specifically on the feet, and trigger points were in the lumbar spine. The progress note dated 05/28/2014 revealed the injured worker complained of decreased range of motion to the lumbar spine and pain to the left knee. The physical examination revealed mild pain to the lumbar spine with decreased range of motion and palpable pain with taught muscle spasms. There was sensory loss noted to the left lower extremity and trigger points noted. The Request for Authorization was not submitted within the medical records. The request was for Plain films left knee, retrospective date of service 1/18/13. However, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Plain films left knee, retrospective date of service 1/18/13: Upheld**

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

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

**Decision rationale:** There is a lack of documentation regarding the complaints. The California MTUS ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical parameters in used to support the decision not to obtain a radiograph following the trauma involves the patient is able to walk without a limp or the patient had a twisting injury and there is no effusion. The clinical parameters for ordering the radiographs following trauma is joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, and ability to walk 4 steps or bear weight immediately or within a week of the trauma, and an ability to flex the knee to 90 degrees. The guidelines state radiography can be used to identify and define the pathology in relation to patella foraminal syndrome. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant knee arthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. There is a lack of clinical documentation to warrant a knee x-ray. The injured worker complained mostly of low back pain and not very much of left knee pain. There was a lack of documentation from 01/2013 or recently to give an indication of the medical necessity of the plain films to the left knee. Therefore, plain films left knee, retrospective date of service 1/18/13, is not medically necessary.