

Case Number:	CM14-0047824		
Date Assigned:	06/25/2014	Date of Injury:	02/02/2005
Decision Date:	07/28/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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 Family 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 70-year-old female who sustained a work related injury on 2/2/05 involving the low back, knees and shoulders. The patient was lifting a 13-year-old child who did not cooperate and started kicking her knees. The patient had x-rays at the time of injury as well as given medications and therapy. She returned to work that same year. She had a right knee arthroplasty in Aug 2005 and a left knee arthroplasty in 2009. On 3/2/14, the treating physician noted that the claimant had continued pain in the knees that worsened with walking or standing. However, the patient was ambulatory. She was not taking any analgesics. Examination findings were notable for reduced flexion in both knees. The swelling or erythema was noted. The surgical scars were well healed. The physician ordered x-rays to evaluate the status of the arthroplasties.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAYS TO BILATERAL KNEES: 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): 342-343.

Decision rationale: According to the MTUS/ACOEM guidelines, knee x-rays are considered in the case of trauma and reduced flexion, palpable tenderness, joint effusion, twisting injury or inability to walk. The ACOEM also states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. In this case, the injury had occurred nine years ago. The knee arthroplasties are not shown to be causal to the injury. It is common to undergo this procedure with advanced age. As such, the request for x-rays to bilateral knees is not medically necessary.