

Case Number:	CM14-0049078		
Date Assigned:	06/25/2014	Date of Injury:	02/27/2013
Decision Date:	08/13/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/26/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 60-year-old male with a reported date of injury on 02/27/2013. The mechanism of injury was noted to be cumulative trauma. His previous treatments were noted to include physical therapy, chiropractic therapy, acupuncture, and medications. His diagnoses were noted to include lumbar spine rule out disc pathology, left knee rule out internal derangement, dizziness, left shoulder rule out internal derangement, and digestive problems. The progress note dated 01/14/2014 reported the injured worker complained of constant left shoulder pain rated 3/10 to 8/10 with pain radiating into the neck region with burning and weakness, intermittent low back pain 5/10 with burning and weakness, intermittent left knee pain rated 2/10 to 7/10 with numbness, tingling, burning, and weakness. The physical examination noted lumbar spine paraspinal tenderness and spasms, limited range of motion to the lumbar spine, positive Kemp's, left supraspinatus, infraspinatus. The request for authorization form 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:

Retrospective request (DOS: 2/26/14) for an x-ray of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Knee and Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 314-343.

Decision rationale: The injured worker rated his knee pain as 4/10 to 5/10. The California MTUS ACOEM Guidelines state the clinical parameters for ordering knee radiographs following trauma is joint effusion within 24 hours of direct blow or fall, palpable tenderness of the fibular head or patella, in ability to walk (4 steps) or bear weight immediately or within a week of the trauma, and inability to flex the knee to 90 degrees. The guidelines state the radiograph can be used to identify and define knee pathology such as patellofemoral syndrome. The injury over 1 year old and the injured worker is able to ambulate with prolonged walking and there is lack of documentation regarding functional deficits or if there was a previous x-ray to warrant an x-ray to the left knee. Therefore, the request is not medically necessary.

Retrospective request (DOS: 2/26/14) for an x-ray of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: The injured worker rated his lower back pain 7/10 and denied radiation into the bilateral legs. The California MTUS ACOEM Guidelines do not recommend x-rays for acute and subacute low back pain. The guidelines state routine oblique views are not recommended for diagnosis of low back disorders. X-rays are recommended when red flags for cancer or infection are present. There is a lack of documentation regarding any previous radiographs performed to the lumbar spine at the time of injury and there is a lack of documentation regarding functional deficits to warrant an x-ray to the lumbar spine. Therefore, the request is not medically necessary.