

<b>Case Number:</b>	CM14-0053601		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/26/2010
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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:

This is a 24 year-old male who has reported multifocal pain after an injury on September 26, 2010. Painful areas include the back, knees, and pelvic region. Diagnoses have included spine strains, right knee internal derangement, and right knee subluxation. The PR2 of 2/19/14 was not included in the medical records. Multiple radiological studies were performed. On 4/30/14, there was increased pain radiating to the legs. The right knee has pain and popping. Physical findings were unchanged from the prior report. The treatment plan included ankle, foot, heel, spine, femur, knee, and tibia radiographs, all of which were performed at the office visit. The treatment plan also included MRIs of the knee, hips and pelvis, spine; physical therapy, and knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(RETRO DOS: 2/19/14) X-RAY OF LUMBAR SPINE, 2 VIEW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-296, 303, and 309.

**Decision rationale:** The treating physician has not described the clinical evidence of significant pathology, such as unequivocal objective findings that identify specific nerve compromise on the neurologic examination. No red flag conditions are identified. The treating physician has not

provided an adequate clinical evaluation, as outlined in the MTUS ACOEM Guidelines pages 291-296. The treating physician did not discuss the prior results of imaging tests, or specific clinical changes indicating a need to repeat tests. The radiographs of the lumbar spine are not medically necessary based on lack of sufficient indications per the CA MTUS.

**(RETRO DOS: 2/19/14) X-RAY OF LEFT FEMUR, 2 VIEW: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis chapter, X-Ray indications.

**Decision rationale:** The MTUS does not provide direction for imaging of the femur. The Official Disability Guidelines were used instead. The treating physician did not provide specific indications for performing these x-ray studies. The treating physician did not discuss the prior results from 9/9/13 and reasons why the tests needed to be repeated. According to the Official Disability Guidelines, x-ray studies of the pelvis may be necessary in patients sustaining a severe injury or who are at risk for developing hip osteoarthritis. Given that the treating physician provided no specific indications to repeat this study, the femur x-ray is not medically necessary.

**(RETRO DOS: 2/19/14) SCOLIOSIS, 1 VIEW: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-296, 303, and 309.

**Decision rationale:** The treating physician provided no indications for an evaluation for scoliosis. Only in more severe cases, would there be any indication to perform radiological studies, as mild scoliosis is common and asymptomatic. The treating physician has not described the clinical evidence of significant pathology, such as unequivocal objective findings that identify specific nerve compromise on the neurologic examination. No red flag conditions are identified. The treating physician has not provided an adequate clinical evaluation, as outlined in the MTUS ACOEM Guidelines pages 291-296. The treating physician did not discuss the prior results of imaging tests, or specific clinical changes indicating a need to repeat tests. The radiographs of the lumbar spine are not medically necessary based on lack of sufficient indications.

**(RETRO DOS: 2/19/14) RIGHT KNEE, 4 VIEW: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330-335, 341, 347.

**Decision rationale:** The necessary components of the knee exam are not present. The treating physician did not adequately discuss the current clinical presentation, the prior radiograph findings, and reasons why the radiographs needed to be repeated. Radiographs are not the test of choice for soft tissue pathology, which seems to have been the indication (if any) for imaging. The repeat knee radiographs were not medically necessary based on the MTUS indications and recommendations and the lack of sufficient clinical evaluation.

**(RETRO DOS: 2/19/14) RIGHT & LEFT FULL LENGTH X-RAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The treating physician did not define what was meant by a full-length x-ray. It is not clear what body part was to be assessed or the reasons why this study was necessary. Medical necessity cannot be determined for such a vague request. Likewise, it is not possible to determine which guideline or medical evidence would apply in the absence of sufficiently specific clinical information. The test is therefore not medically necessary based on lack of sufficient clinical information.