MAXIMUS Federal Services

Case Number:	CM14-0059928		
Date Assigned:	08/15/2014	Date of Injury:	04/23/2002
Decision Date:	10/15/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/30/2014

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 patient is a 71 year old female employee with date of injury of 4/23/2002. A review of the medical records indicate that the patient is undergoing treatment for hypertension, essential benign, hyperlipidemia, unspecified abnormal EKG, advanced post traumatic arthrosis, right knee (with residuals of two prior arthroscopic chonroplasties). Subjective complaints included right knee pain, present most of the time (Sept 2012) but in for any specific pain syndrome (4/4/2014). Objective findings include patient walking with a limp in 2007 but no records of gait are recorded after that. Physical exam on 9/19/2012 revealed right knee extension -20 and flexion 120. A recent physical exam did not include any knee findings. Her treatment has included right knee arthroscopies in 2002, 2005, and a left knee arthroscopy in 2003 (Mar 2014). Medications included Lisinopril 20mg 4/day (began 2012), Cholecalciferol 50,000 unit capsule (began 2012), Potassium Chloride ER 20 MEQ tablet extended release 1/day (began 2013). A whole body bone scan was performed on 1/1/2001 which revealed mildly to moderately increased tracer uptake was noted involving the left lateral aspect of L5-S1, likely secondary to degenerative disc disease. The utilization review dated 4/7/2014 non-certified the request for right knee x-ray due to lack of support from clinical data. Also, the request for bone density scan was non-certified due to lack of clinical data that supports the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee x-ray: 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): 330-336,341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Radiography

Decision rationale: ACOEM states regarding knee evaluations, "The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma:- Patient is able to walk without a limp- Patient had a twisting injury and there is no effusionThe clinical parameters for ordering knee radiographs following trauma in this population are:- Joint effusion within 24 hours of direct blow or fall- Palpable tenderness over fibular head or patella- Inability to walk (four steps) or bear weight immediately or within a week of the trauma- Inability to flex knee to 90 degreesODG states regarding radiograph of knee and leg, "Recommended. In a primary care setting, if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence." And further clarifies indications for imaging -- X-rays:- Acute trauma to the knee, fall or twisting injury, with one or more of following: focal tenderness, effusion, inability to bear weight, First study.- Acute trauma to the knee, injury to knee >= 2 days ago, mechanism unknown, Focal patellar tenderness, effusion, able to walk.- Acute trauma to the knee, significant trauma (e.g, motor vehicle accident), suspect posterior knee dislocation.- Nontraumatic knee pain, child or adolescent - nonpatellofemoral symptoms, Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table).- Nontraumatic knee pain, child or adult: patellofemoral (anterior) symptoms, Mandatory minimal initial exam. Anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view.- Nontraumatic knee pain, adult: nontrauma, nontumor, nonlocalized pain. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table).The medical records provided did not indicate a mechanism of injury of the knee that would meet ODG criteria. Additionally, the medical records indicate that the patient is able to ambulate, which supports not obtaining an x-ray per ACOEM. The most recent medical note (3/27/2014) did not indicate any knee complaints, was negative for musculoskeletal review of systems, and did not have any knee physical exam. In the medical records provided, the most recent knee physical exam was in 2012. Current subjective and objective corroboration to support a radiology request is necessary. The treating physician does not indicate what has changed to the patient to warrant a knee x-ray. As such, the request for Right knee x-ray is not medically necessary.

Bone density: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Bone Scan Other Medical Treatment Guideline or Medical Evidence: uptodate, pseudoarthosis

Decision rationale: The ODG states that bone scans are "not recommended, except for bone infection, cancer, or arthritis." The medical documentation does not indicate concerns for bone infection, cancer, or arthritis. ACOEM states that imaging studies may be recommended if there is an "Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery or Clarification of the anatomy prior to an invasive procedure". There is no evidence to suggest that any of the ACOEM criteria is met. The treating physician does not detail rationale for why a bone scan would be medically indicated. The treating physician also does not indicate what has changed from the 2001 bone scan to warrant a new bone scan. As such the request for Bone Scan is cannot be deemed medically necessary.