

Case Number:	CM14-0068707		
Date Assigned:	07/14/2014	Date of Injury:	02/02/2010
Decision Date:	10/15/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/13/2014

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 and is licensed to practice in Alabama. 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 56 year old female who was injured on 02/02/2010 when she twisted her knee while getting up from a bent position. Ortho evaluation notes dated 04/09/2014 states the patient presented pain over the medial aspect of her right knee with persistent swelling. She developed increasing pain in the left knee due to transference of weight from her total knee replacement on the right. She reported chronic left hip pain with limited range of motion due to transference of weight and gait disturbance. On exam, the right knee revealed 2+ effusion and marked medial joint line tenderness. The left knee revealed full range of motion with slight crepitance throughout range of motion. The left hip revealed limited range of motion with tenderness over the lateral aspect of the left hip. The patient is status post right knee replacement and has been recommended for plain x-rays of the both knees. Prior utilization review dated 05/06/2014 states the requests for X-Ray Right Knee qty: 1.00 and X-Ray Left Knee qty: 1.00 are not certified pending documented failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Right Knee quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 1020.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/xrays.html>

Decision rationale: As per the ACOEM guidelines, reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Moreover, no "red flags" (as mentioned in the guidelines for imaging) have been described by the provider in the available medical records and the only documented conservative management documented in the post-operative period appears to be an injection. Therefore, based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

X-Ray Left Knee quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 1020.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/xrays.html>

Decision rationale: As per the ACOEM guidelines, reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Moreover, no "red flags" (as mentioned in the guidelines for imaging) have been described by the provider in the available medical records and the only documented conservative management documented in the post-operative period appears to be an injection. Therefore, based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

MRI Left Hip: 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), Treatment Index, 9th Edition (web), Revised 11/12/10; Hip and Pelvis, X-Ray (updated 12/18/09; MRI (magnetic resonance imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip, MRI

Decision rationale: The CA MTUS / CPMT/ ODG guidelines recommends MRI for the hip AFTER plain radiographs in evaluation of select patients with an occult hip fracture in whom PLAIN radiographs are negative and suspicions is high for occult fracture. Furthermore, even if fracture is not revealed, other pathology responsible for the patient's symptoms may be detected.

. A plain hip radiograph may be acceptable prior to a MRI of the hip in this case and therefore this specific request is not medically necessary at this time.