

Case Number:	CM14-0076578		
Date Assigned:	07/18/2014	Date of Injury:	05/24/2010
Decision Date:	09/22/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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, Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury on 05/24/2010 due to a repetitive work injury. The injured worker had a history of bilateral knee pain. The diagnoses included chronic strain to the cervical spine, overuse of the upper extremities, chronic strain of the thoracolumbar spine, bilateral knee chronic contusion/sprain, internal derangement of the bilateral knees, and a ruptured Achilles tendon. The past surgical procedures included a status post left total knee arthroplasty, a bilateral internal derangement to bilateral knees dated 02/24/2011, and a left total knee arthroscopy dated 03/2012. The past treatments included acupuncture, physical therapy, occupational therapy, chiropractic therapy, bilateral knee injections, an ergonomical chair, pain medication, pain medication rehab, and psychotherapy. The diagnostics included an x-ray to bilateral knees and tibia. The medications included Hydrocodone/APAP, Lyrica, Protonix, ibuprofen, and Zanaflex. The injured worker reported her pain was an 8/10 with medication and a 10/10 without medication. The objective findings to the bilateral knees dated 05/13/2014 revealed tenderness to palpation over the bilateral knees with decreased range of motion of the right knee, crepitation and McMurray's test were positive, and muscle strength was a 4/5. The treatment plan included a bariatrics program, behavior therapy, and medication. The Request for Authorization dated 05/18/2014 was submitted with the documentation with no rationale for the x-rays or ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray (B) knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Complaints Radiography (x-rays).

Decision rationale: The request for X-ray (B) knees is not medically necessary. The California MTUS/ACOEM indicate that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The Official Disability Guidelines recommend. In a primary care setting, if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. That include 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 \geq 2 days ago, mechanism unknown. Focal patellar tenderness, effusion, able to walk. Acute trauma to the knee, significant trauma, suspect posterior knee dislocation. Non-traumatic knee pain, child or adolescent - non-patellofemoral symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). Non-traumatic 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 clinical notes indicated that the injured worker had X-rays of the bilateral knees performed that revealed severe arthritis to the right knee. No new trauma was documented to indicate that the injured worker would require another set of x-rays. The clinical notes also indicated that the injured worker consider weight loss. The injured worker indicated an improvement after physical therapy to the left knee. As such, the request is not medically necessary.

X-ray (B) tibia/fibula: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Complaints, Radiography (x-rays).

Decision rationale: The request for X-ray (B) knees is not medically necessary. The Official Disability Guidelines recommend. In a primary care setting, if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. That include 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 \geq 2 days ago, mechanism unknown. Focal patellar tenderness, effusion, able to walk. Acute trauma to the knee, significant trauma, suspect posterior knee dislocation. Non-traumatic knee pain, child or adolescent - non-patellofemoral symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). Non-traumatic 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 clinical notes indicated that the injured worker had X-rays of the bilateral knees performed that revealed severe arthritis to the right knee. No new trauma was documented to indicate that the injured worker would require another set of x-rays. The clinical notes also indicated that the injured worker consider weight loss. The injured worker indicated an improvement after physical therapy to the left knee. As such, the request is not medically necessary.

Ultrasound Guidance for needle placement: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee Complaints, Ultrasound, diagnostics.

Decision rationale: The request for ultrasound guidance for needle placement is not medically necessary. The Official Disability Guidelines indicate that Ultrasound guidance for knee joint injections is not generally either recommended or not recommended. As such, the request is not medically necessary.