

Case Number:	CM14-0105994		
Date Assigned:	09/12/2014	Date of Injury:	01/07/2014
Decision Date:	05/01/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Internal Medicine

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 66 year old female who sustained an industrial injury on January 7, 2014. She has reported injury to her right knee and has been diagnosed with sprain of the knee and leg not otherwise specified and right knee meniscal tear with degenerative joint findings. Treatment has included medications, heat and cold pack, and modified work duty. Currently the injured worker had tenderness to palpation in patellofemoral compartment as well as the medial compartment as well as tenderness along the medial joint line. The treatment request included an X-ray of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray right knee / Smith and Nephew protocol: Upheld

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

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

Decision rationale: Per the reviewed CA MTUS Guidelines, the requested x-ray of the right knee is not medically necessary. The documentation indicates that on arthroscopy there were

significant bone-on- bone changes and the claimant requires a right total knee replacement. There is no specific indication for an x-ray. There is no reported effusion on exam and the claimant is able to ambulate. medical necessity for the requested item is not established. The requested item is not medically necessary.