

Case Number:	CM14-0012525		
Date Assigned:	02/21/2014	Date of Injury:	02/26/2013
Decision Date:	01/26/2015	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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:

The patient is a 51 year old male with an injury date of 02/26/14. Based on the 11/31/13 progress report provided by treating physician, the patient complains of bilateral knee, left elbow, wrist and bilateral hand pain. Physical examination on 10/31/13 revealed healing surgical scar to Right knee. Per progress report dated 11/27/14, patient is status post Right knee arthroscopy May 2013, and Right knee replacement 09/30/13. Patient's medication's included Hydrocodone, Dicolfenac and Carisoprodol. Patient is temporarily totally disabled. X-Ray Left knee 12/10/13, two views, per treater report supplement dated 01/07/14- degenerative joint disease in lateral and patellofemoral compartmentsMRI Left Knee 08/20/13- no evidence of acute fracture- tricompartamental degenerative changes including extensive full-thickness cartilage loss in the lateral compartment and cartilage.Diagnosis 10/31/13- left elbow medial humeral epicondylitis- right hand strain- left wrist derangement- right knee surgery 05/03/13- left knee internal derangementThe utilization review determination being challenged is dated 01/17/14. Treatment reports were provided from 02/06/13 - 01/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAYS LEFT LEG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 13, 341-343

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter on Radiography (X-rays knee)

Decision rationale: The patient presents with left knee pain. The request is for XRAYS LEFT LEG. Per progress report dated 11/27/14, patient is status post Right knee arthroscopy May 2013, and Right knee replacement 09/30/13. Patient's diagnosis on 10/31/13 included Left knee internal derangement. Patient's medication's included Hydrocodone, Dicolfenac and Carisoprodol. Patient is temporarily totally disabled.ODG-TWC, Radiography (x-rays) states: "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." Per treater report supplement dated 01/07/14, patient has taken X-Ray Left knee on 12/10/13, which revealed degenerative joint disease in lateral and patellofemoral compartments. MRI Left Knee on 08/20/13 revealed no evidence of acute fracture, and tricompartmental degenerative changes including extensive full-thickness cartilage loss in the lateral compartment and cartilage. Treater has not provided reason for the request, and there is no documentation indicating that fracture is considered. The request does not meet guideline recommendation, therefore it IS NOT medically necessary.