MAXIMUS Federal Services

Case Number:	CM14-0191132		
Date Assigned:	12/09/2014	Date of Injury:	01/10/2008
Decision Date:	01/15/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 has a reported date of injury of 01/10/2008. The patient has the diagnoses of knee pain and status post-right knee total knee arthroplasty. The most recent progress notes provided for review form the primary treating physician dated 09/29/2014 was for patient re-evaluation one year post surgery. The patient reported overall improvement in pain level but still some residual pain and weakness. The physical exam noted full extension with stable examination of the knee with slight clicking and crepitus with range of motion. X-ray obtained during the office visit showed satisfactory alignment with no loosening. Treatment plan recommendations included home exercise program, knee brace and yearly re-evaluation with x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Yearly re-evaluation with x-rays: 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): 341-342.

Decision rationale: The ACOEM chapter on knee complaints and the section concerning ordering knee radiographs states: The clinical parameters for ordering knee radiographs 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 degrees.There is no indication per the California MTUS, Official Disability Guidelines (ODG) or ACOEM guidelines for yearly re-valuation with x-rays post total knee arthroplasty. Unless physical signs as outlined above per the ACOEM are present, the need for knee x-rays is not established or warranted. Therefore the request is not medically necessary and appropriate.