

<b>Case Number:</b>	CM14-0198532		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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:

This is a 47-year-old gentleman who suffered a work related injury on 05/09/2013. He fell 4-5 feet through a hole in a platform injuring his upper, mid-, and lower back; left leg; and both knees. Diagnoses included lumbago, lumbar facet dysfunction that seems to have been aggravated by limping, bilateral knee pain with degenerative joint disease and a meniscus tear, left knee laxity and pain, chronic pain syndrome, opioid dependence, depression secondary to pain, and a history of gastric bypass surgery. Treatment included medications, physical therapy, right knee injections, and aqua therapy. A pain management consultation note dated 10/1/2014 indicated the worker had pain in both knees, right knee instability, and weakness. The documented examination described weakness in the right knee, tenderness in both knees with crepitation, positive right anterior drawer testing, and positive left valgus stress testing. Magnetic Resonance Imaging of the right knee done 4/21/2014 showed a grade 1 signal at the posterior horn of the medial meniscus associated with hyaline degeneration, no frank tear, moderate thinning, chondral fissuring of the medial femoral condyle articular cartilage, and mild thinning of the trochlear articular cartilage. A Utilization Review decision was rendered on 10/29/2014 recommending non-certification for weight-bearing x-rays of both knees, citing California Medical Treatment Utilization Schedule ACOEM Guidelines for knee complaints, and Official Disability Guidelines Knee & Leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Bearing X-Ray right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Radiography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 329-352.

**Decision rationale:** The MTUS Guidelines support the use of knee x-rays when there is knee trauma and examination shows fluid in the knee joint 24 hours after direct knee trauma, tenderness over the fibular head or kneecap, an inability to take even a few steps within a week of the trauma, or an inability to bend the knee at least ninety degrees. Most knee problems recover quickly once "red flag" issues are ruled out. The submitted and reviewed documentation indicated the worker was experiencing pain in both knees and right knee instability and weakness. There was no discussion suggesting the presence of "red flag" issues or sufficiently supporting the need for x-rays in this setting. In the absence of such evidence, the current request for Weight-Bearing X-Ray of the right knee is not medically necessary.

**Weight Bearing X-Ray left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Radiography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 329-352.

**Decision rationale:** The MTUS Guidelines support the use of knee x-rays when there is knee trauma and examination shows fluid in the knee joint 24 hours after direct knee trauma, tenderness over the fibular head or kneecap, an inability to take even a few steps within a week of the trauma, or an inability to bend the knee at least ninety degrees. Most knee problems recover quickly once "red flag" issues are ruled out. The submitted and reviewed documentation indicated the worker was experiencing pain in both knees and right knee instability and weakness. There was no discussion suggesting the presence of "red flag" issues or sufficiently supporting the need for x-rays in this setting. In the absence of such evidence, the current request for Weight-Bearing X-Ray of the left knee is not medically necessary.