

Case Number:	CM14-0211805		
Date Assigned:	12/24/2014	Date of Injury:	12/22/1997
Decision Date:	04/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: California
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 54-year-old female, with a reported date of injury of 12/22/1997. The diagnoses include compression/contusion injury of the left knee with chronic pain, and rule out internal derangement of the left knee. Treatments have included intraarticular joint injection to the left knee on 10/20/2014, topical pain medication, oral medications, and an interferential unit. The progress report dated 11/05/2014 indicates that the injured worker complained of moderate, intermittent bilateral knee pain. The objective findings showed decreased left knee range of motion, and tenderness. The treating physician recommended an updated AP standing x-ray of the bilateral knees to measure joint space. On 11/25/2014, Utilization Review (UR) denied the request for one x-ray (AP standing) of the left knee as an outpatient, noting that there was no documentation of the area of tenderness, the current range of motion, or a physical examination for the low back. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-ray (AP standing) of the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation ACOEM 3rd Edition. Knee disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 1-503. Table 1. Summary of Recommendations for Diagnostic and Other Testing for Knee Disorders. <http://www.guideline.gov/content.aspx?id=36632>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses radiography. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Table 13-6 Summary of Recommendations for Evaluating and Managing Knee Complaints (Page 347) indicates that plain-film radiographs for suspected red flags are recommended. ACOEM 3rd Edition indicates that roentgenogram X-rays for evaluating acute, subacute, or chronic knee pain is recommended. The orthopedic surgeon's progress report dated 10/20/14 documented left knee compression / contusion injury and chronic pain, rule out internal derangement. Physical examination demonstrated left knee tenderness, and decreased range of motion. Intra-articular joint injection to the left knee was performed. The orthopedic surgeon's progress report dated 11/05/14 documented intra-articular joint injection to the left knee. Physical examination demonstrated left knee tenderness, and decreased range of motion. AP anteroposterior standing bilateral knee X-ray to evaluate joint space was requested. ACOEM 3rd Edition indicates that roentgenogram X-rays for evaluating acute, subacute, or chronic knee pain is recommended. Therefore, the request for X-ray of the left knee is supported by ACOEM guidelines. Therefore, the request for X-ray of the left knee is medically necessary.