

Case Number:	CM14-0073612		
Date Assigned:	07/16/2014	Date of Injury:	12/07/2012
Decision Date:	02/05/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/21/2014

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 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:

This 29-year old male sustained industrial related injuries on 12/07/12 when he fell from the roof of a two-story house. The results of the injury included a compression fracture of C6 vertebral, thoracic compression fracture (T6) and left knee injury (non-specific). The initial diagnoses was not available in the clinical notes. Per the new patient consultation (11/04/13), the injured worker was initially hospitalized for 7 days and placed in a turtle shell thoracic cast, and was then referred for further treatment that included Physical Therapy (PT) which he stopped attending due to the severity of pain it caused. It was reported that the injured worker had received MRIs of the neck and thoracic spine, but the results were not known. The injured worker denied having received injections or EMGs. The latest examination (04/30/14) revealed subjective complaints of cervical pain, back pain, low back pain, and lumbar complaints. The injured worker described cervical pain as 8/10 in severity, and reported that ice, heat, changes in temperature, humidity, movement worsens his symptoms and pain. The pain was described as aching, deep, dull, pressure, sharp, grinding, stabbing, stiff, spasms, and bad headache that was worsened with turning of the head and radiates (shoots) down the spine. Back pain was noted to be 8/10 in severity, and described as dull, sharp, stiff, sore, pain pressure, and painful to breathe. Changes in temperature, cold, heat, humidity, and bending worsens symptoms. Rest and medications were noted to improve symptoms in the neck and back. The injured worker also reported foot and leg pain with neuropathic dysesthesias, weakness in the left leg with left knee instability. The physical exam findings from the consultation (04/30/14) were limited in reference to the injured worker's current complaints. A progress report, dated 02/26/14, indicates that the injured worker had not had any treatment for the knee and leg injuries. The injured worker reported pain and clicking in the left knee. The examination of the knee revealed tenderness at the joint with good Range Of Motion (ROM), There was no edema or effusion, and no pain with meniscal

maneuvers, but tenderness was noted. It was also noted that the injured worker was ambulating normally. Current diagnoses include neck pain status post (S/P) C6 compression fracture, thoracic spine pain S/P thoracic compression fracture (T6), and left knee pain. Treatment to date has included initial hospitalization and treatment, PT, aqua therapy, acupuncture and medications. Diagnostic testing has included X-rays and MRIs, which were reported to show a compression fracture of the vertebral body at the C6 level, and a compression fracture with 50% reduction of the height at the T6 level. It was noted throughout the clinical notes that the injured worker's knee had not been evaluated or treated. The X-rays of the left knee were requested for the evaluation of the left knee pain. Treatments in place around the time the X-rays were requested included medications, acupuncture and therapy. The injured worker's pain appeared to be unchanged. Functional deficits and activities of daily living were also unchanged. Work status was unchanged as the injured worker remained temporarily totally disabled. Dependency on medical care was increased. On 05/14/14, Utilization Review non-certified a prescription for X-ray left knee three (3) view which was requested on 04/30/14. The X-ray left knee three (3) view was non-certified based on the absence of a documented interim injury, absence of current complaints of left knee pain, and absence of physical findings. The ACOEM and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of X-ray left knee three (3) view.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray for the left knee, three views: Overturned

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

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, Radiography (x-rays)

Decision rationale: The patient presents with left knee pain. The current request is for X-ray for the left knee, three views. The treating physician report dated 4/30/14 (12) states; the patient "has foot, leg pain with neuropathic dysesthesias, weakness in his left leg with left knee instability". ODG lists the following indications for X-rays:- Acute trauma to the knee, fall or twisting injury, with one or more of following: focal tenderness, effusion, inability to bear weight. First study.- Acute trauma to the knee, injury to knee \geq 2 days ago, mechanism unknown. Focal patellar tenderness, effusion, able to walk.- Acute trauma to the knee, significant trauma (e.g., motor vehicle accident), suspect posterior knee dislocation.- Nontraumatic knee pain, child or adolescent - nonpatellofemoral symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table).- Nontraumatic knee pain, child or adult: patellofemoral (anterior) symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view.- Nontraumatic knee pain, adult: nontrauma, nontumor, nonlocalized pain. Mandatory minimal initial exam.

Anteroposterior (standing or supine) & Lateral (routine or cross-table). In this case, the treating documentation has evidenced the patient's non-traumatic knee pain numerous times spanning a period of at least 11/4/13 to 4/30/14. ODG guidelines indicate minimal examination measures consistent with the requested treatment. Recommendation is for authorization.