

<b>Case Number:</b>	CM14-0090017		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/14/2014

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 29-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of May 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; and earlier lumbar spine surgery. In a Utilization Review Report dated May 15, 2014, the claims administrator denied a request for x-rays of the right knee. The claims administrator referenced a May 7, 2014 progress note in the determination. The applicant was described as having ongoing issues with low back pain, knee pain, and depression on that date. On December 3, 2014, the attending provider appealed the previously denied knee x-ray. 3-6/10 low back and knee pain were evident. The applicant was using tramadol and Ativan for pain relief, it was stated. The applicant was obese, standing 5 feet 6 inches tall and weighing 200 pounds with a resultant BMI of 32. The applicant did appear to be working with a 20-pound lifting limitation in place. The applicant was 30 years old, it was incidentally noted. The attending provider stated that the applicant's knee pain had developed as a result of compensating for the applicant's longstanding low back pain complaints. The note was somewhat difficult to follow and made only incidental mention of the applicant's knee pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 347.

**Decision rationale:** No, the proposed x-rays of the knee were not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 347, the routine usage of radiographic film for most knee complaints is deemed not recommended. Here, it is further noted that the applicant did not, in fact, set forth a discrete injury involving the knee. Only incidental mention was made of knee pain complaints. The attending provider suggested that the applicant had developed compensatory knee pain as a result of longstanding low back pain complaints and/or stated that the applicant's knee pain complaints might represent a referred knee pain from the lumbar spine. It did not appear, thus, that the knee x-rays at issue would have appreciably influenced or altered the treatment plan. The attending provider did not state what diagnosis or diagnoses (if any) are suspected involving the knee. The applicant was only 30 years of age, making any kind of arthritic pathology involving the knee unlikely. There was no mention of the applicant's having any significant gait derangement associated with the knee or other knee-specific pathology which would have compelled the study at issue. Therefore, the request was not medically necessary.