

Case Number:	CM15-0109086		
Date Assigned:	06/15/2015	Date of Injury:	08/01/2014
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/05/2015

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, Florida, 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 injured worker is a 59 year old male, who sustained an industrial injury on 08/01/2014. The injured worker is currently able to return to usual and customary duties at work. The injured worker is currently diagnosed as having cervical spine sprain/strain with bilateral upper extremity radiculitis, history of cervical spine fusion with myelopathy, bilateral shoulder strain, and left knee sprain/strain with history of arthroscopic surgeries. Treatment and diagnostics to date has included cervical spine fusion and medications. In a progress note dated 05/05/2015, the injured worker presented with complaints of left knee popping, grinding, giving away, and weakness with recent neck pain and bilateral upper extremity weakness. Objective findings include needing surgery evaluation in consideration of left total knee replacement due to severe osteoarthritis per x-rays. The treating physician reported requesting authorization for left knee x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Online, Knee X-Rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): The California MTUS-ACOEM guides, Chapter 13 for the Knee note on page 341.

Decision rationale: This claimant was injured in August 2014. The claimant can do ordinary work. There was a left knee sprain with arthroscopy. As of 5-5-15, there were left knee degenerative symptoms. They are considering a left total knee replacement due to severe osteoarthritis per prior x-rays. The California MTUS-ACOEM guides, Chapter 13 for the Knee note on page 341: Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. In this case, prior x-rays are noted, and a diagnosis of osteoarthritis is well established. The need to do more is not established. The request is appropriately not medically necessary.