

<b>Case Number:</b>	CM15-0016252		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: 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 64 year old female, who sustained an industrial injury on February 5, 2014. She reported right shoulder pain, right elbow pain, right wrist pain, and right knee pain. Diagnoses have included right shoulder tendonitis/rotator cuff tear, right shoulder adhesive capsulitis, right elbow strain/sprain, tendonitis of the right wrist, and right knee degenerative joint disease. Treatment to date has included medications, knee bracing, and imaging studies. A progress note dated December 11, 2014 indicates a chief complaint of right shoulder pain, right elbow pain, and right knee pain. The treating physician documented a plan of care that included a replacement knee sleeve and x-rays of the right knee with left knee comparison views for apportionment issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of right knee AP standing, lateral and merchant views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, X-rays.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Radiography (x-rays).

**Decision rationale:** Physical exam failed to reveal any evidence of joint effusion, swelling, ecchymosis, deformity, increased warmth, or abrasion/laceration. The findings documented on the chart note failed to meet the minimum criteria stated in the Official Disability Guidelines for x-ray imaging of the knee. The patient has previously had x-rays of the right knee which were positive only for mild degenerative changes. X-ray of right knee AP standing, lateral and merchant views is not medically necessary.