

Case Number:	CM15-0134185		
Date Assigned:	07/22/2015	Date of Injury:	07/08/2013
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/10/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 42 year old female who sustained an industrial injury on 07/08/13. Initial complaints and diagnoses are not available. Treatments to date include medications and right knee surgery on 06/05/15. Diagnostic studies include a MRI of the right knee on 02/26/14. Current complaints include right knee pain. Current diagnoses include chronic right ankle sprain/strain, plantar fasciitis with heel spur on the right, right knee sprain/strain, morbid obesity, anxiety and insomnia. In a progress note dated 06/09/15 the treating provider reports the plan of care as removal of pain pump on the date of service, an x-ray of the right knee on the date of service, continued use of the crutches and knee brace and medications. The requested treatment includes an x-ray of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Unknown X-rays DOS 06/09/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343.

Decision rationale: This 42 year old female has complained of right knee pain since date of injury 7/8/13. She has been treated with surgery, physical therapy and medications. The current request is for retrospective request for unknown X-rays DOS 06/09/2015. The medical records do not specify which radiographs are requested. Unknown X rays are not indicated in the treatment of chronic knee pain. On the basis of the available medical records and per the ACOEM guidelines cited above, retrospective request for unknown X-rays DOS 06/09/2015 is not medically necessary.