

<b>Case Number:</b>	CM15-0145647		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	09/24/2014
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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:

This 49 year old man sustained an industrial injury on 9-24-2014. The mechanism of injury is not detailed. Evaluations include right knee x-ray dated 10-9-2014 and right knee MRI dated 10-31-2014. Diagnoses include right knee pain due to significant osteoarthritis, lateral meniscal scar, and obesity. Treatment has included oral medications. Physician notes dated 7-17-2015 show complaints of bilateral knee pain. The worker rates his pain 7 out of 10 without medications and 3 out of 10 with medications. Recommendations include follow up with orthopedics, encourage swimming for exercise, left knee x-ray, decrease Norco, and follow up in one month.

### 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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Radiography.

**Decision rationale:** MTUS Guidelines do not address this issue in adequate detail. ODG Guidelines address this issue in detail and the Guidelines differentiate indications based on acute injury vs. persistent knee pain. The Guidelines support radiography as part of an initial evaluation for chronic knee pain with joint manifestations. This individual has persistent left knee pain associated with joint line tenderness and crepitus. Under these circumstances, the x-ray of the left knee is medically necessary.