

Case Number:	CM15-0166620		
Date Assigned:	09/04/2015	Date of Injury:	12/31/1999
Decision Date:	10/15/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/25/2015

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, Illinois

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 73 year old male, who sustained an industrial injury on 12-31-1999. Diagnoses have included lumbar disc displacement without myelopathy, tibialis posterior dysfunction, myofascial pain syndrome and arthritis of right knee. Treatment to date has included left total knee replacement, physical therapy, injections, bracing and medication. According to the progress report dated 6-10-2015, the injured worker complained of knee pain, along with swelling, warmth and stiffness. Symptoms were located in both knees. The injured worker reported that the symptoms were severe and worsening. He also complained of low back pain. Physical exam revealed an antalgic gait. There was moderate tenderness over the right knee with trace effusion and coarse crepitus. Per the progress report dated 7-20-2015, the injured worker complained of knee pain, swelling, stiffness, difficulty bearing weight and difficulty ambulating. Authorization was requested for x-ray of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The injured worker sustained a work related injury on 12-31-1999. Diagnoses have included lumbar disc displacement without myelopathy, tibialis posterior dysfunction, myofascial pain syndrome and arthritis of right knee. Treatment to date has included left total knee replacement, physical therapy, injections, bracing and medication. The medical records provided for review do not indicate a medical necessity for: X-ray of left knee. The medical record indicate the injured worker complained of worsening pain of both knees that limited weight bearing but unremarkable examination of the left knee. The MTUS does not recommend X-ray studies of the knee in the absence of: Joint effusion within 24 hours of direct blow or fall. Palpable tenderness over fibular head or patella. Inability to walk (four steps) or bear weight immediately or within a week of the trauma. Inability to flex knee to 90 degrees. Therefore is not medically necessary.