

<b>Case Number:</b>	CM15-0167478		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	07/05/2006
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 sustained an industrial injury on July 5, 2006. She reported right knee pain. Treatment to date has included surgery, x-rays, MRI, medications, physical therapy, rest, elevation and right knee injections. Currently, the injured worker complains of constant left knee pain that lasts all day long. The pain is described as dull and achy and is rated at 4-9 on 10. The injured worker has an altered gait due to the left knee pain, which is causing low back pain. She reports her left knee is giving out and resulting in falls. The injured worker is currently diagnosed with severe left knee degenerative joint disease and osteochondral loose body. Her work status was not included in the documentation. A progress note dated August 4, 2015 states the injured worker experiences some relief from rest and elevation. The therapeutic response to medications, physical therapy and injections was not included in the documentation. X-rays for the right and left knees are requested to assist with further diagnosis.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Indications for imaging, X-ray.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, x-ray left knee is not medically necessary. X-rays of the knee are recommended in a primary care setting if a fracture is considered, if the Ottawa criteria are met. The five decision rules for deciding when to use plain films in the fractures, consider injury due to trauma, a greater than 55, tenderness at the head of the fibula or patella, inability to bear weight for #4 steps, inability to flex the knee to 90 degrees have the strongest supporting evidence. Indications for imaging are enumerated in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are osteochondral loose body; DJD knee right (TKR) greater than left; low back pain is a compensable consequence; right knee gave way and all weight put on left knee. Date of injury is July 5, 2006. Request for authorization is August 10, 2015. According to an August 10, 2015 progress note, the injured worker is status post right total knee arthroplasty in 2012. Subjectively, the right knee is doing great. The left knee gives out. The injured worker complains of back pain. Objectively, the right knee range of motion is 4-101 degrees. The documentation indicates effusion, crepitus and patella-femoral grind. The documentation does not indicate whether this is the right knee or the left knee. There is no clinical rationale for an x-ray of the left knee. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation with a specific physical examination of the left knee, a clinical indication and rationale for an x-ray and documentation of prior x-rays with the last date, x-ray left knee is not medically necessary.

**X-Ray of the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Indications for imaging, X-ray.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, x-ray right knee is not medically necessary. X-rays of the knee are recommended in a primary care setting if a fracture is considered, if the Ottawa criteria are met. The five decision rules for deciding when to use plain films in the fractures, consider injury due to trauma, a greater than 55, tenderness at the head of the fibula or patella, inability to bear weight for #4 steps, inability to flex the knee to 90 degrees have the strongest supporting evidence. Indications for imaging are enumerated in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are osteochondral loose body; DJD knee right (TKR) greater than left; low back pain is a compensable consequence; right knee gave way and all weight put on left knee. Date of injury is July 5, 2006. Request for

authorization is August 10, 2015. According to an August 10, 2015 progress note, the injured worker is status post right total knee arthroplasty in 2012. Subjectively, the right knee is doing great. The left knee gives out. The injured worker complains of back pain. Objectively, the right knee range of motion is 4- 101. The documentation indicates effusion, crepitus and patella-femoral grind. The documentation does not indicate whether this is the right knee or the left knee. There is no clinical rationale for an x-ray of the left knee. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation with a specific physical examination of the right knee, a clinical indication and rationale for an x-ray, subjective documentation indicating the right knee is doing great and documentation of prior x-rays with the last date performed, x-ray right knee is not medically necessary.