

Case Number:	CM15-0186489		
Date Assigned:	09/28/2015	Date of Injury:	06/15/2013
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/22/2015

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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 40 year old male who sustained an industrial injury on 6-15-13. A review of the medical records indicates he is undergoing treatment for left knee meniscus tear - status post arthroscopy, lumbar sprain, and sprain of the right knee and leg. Medical records (5- 19-15 to 9-2-15) indicate ongoing complaints of bilateral knee pain and right-sided radicular pain "especially with prolonged sitting." The injured worker reports "continued gain, significant functional movement, and pain relief". He is currently (8-27-15) participating in a functional restoration program. The record (8-27-15) indicates that he is "not taking medications", but then lists "current medications" as Celebrex 100mg twice daily and Thermacare Heatwrap: apply to skin of low back daily as needed. The physical exam (8-27-15) reveals a "global antalgic gait", which is noted to be "slow". Tenderness and pain "around the area of the sacrum" is noted on both sides. The 9-2-15 restoration note indicates that the injured worker "is progressing extremely well in the functional restoration program". The note states "he reports having more lifting strength and being able to walk longer distance with less pain", as well as "he has also noticed he can tolerate longer driving distances". He rates his pain "5 out of 10". Diagnostic studies have included a CT scanogram for leg length and x-rays of the left knee and lumbar spine. Treatment has included chiropractic therapy which was noted to be "poorly tolerated", a heel lift, which caused pain, so he discontinued its use, a home exercise program, functional restoration program, and kinesio tape. The treatment plan (8-27-15) includes a request for right knee and lumbar spine x-rays, a TENS unit, and a left knee brace for patellar stabilization. The utilization review (9-14-15) indicates denial of the right knee x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Right Knee to Include Lateral, Merchant Views and Posterior/Anterior: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): General Approach, Initial Assessment, Physical Examination.

Decision rationale: DOI 15 Jun 13. Injury reportedly sustained by falling backward off a ladder landing on his right buttock and back. The visit in question 27 Aug 15 indicated that the member persisted with bilateral knee pain as well as right radicular symptoms, especially with prolonged sitting. The report states that the member showed a persistent global antalgic gait. There is a description of the examination of the lumbar spine but no details of an examination of the right knee. There are no details provided as to the nature of the onset of the problem with the right knee and any acute traumatic event. There is no evidence for any examination that could detail specific deficits or provide specificity in regard to aggravating or alleviating factors. There are no details with regard to any trial intervention of conservative measures provided. There were no RED FLAG items detailed. As such the ACOEM Chap 13 on Knee's recommends that in the absence of red-flag signs or symptoms, evaluation and treatment can proceed in the acute phase for four to six weeks without performing special studies because the yield of treatment-altering findings is low and most patients' conditions improve within that period of time. Based on the provided information and recommendations of the ACOEM the UR Non-Cert is supported. The request is not medically necessary.