MAXIMUS Federal Services

Case Number:	CM15-0190496		
Date Assigned:	10/02/2015	Date of Injury:	04/20/2000
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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: Texas, California
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 67 year old female who sustained an industrial injury on 04-20-2000. According an attending physician's report dated 08-31-2015, current diagnosis included status post bilateral total knee replacement. The injured worker complained of pain and discomfort in both hands. Objective findings were not documented. The provider noted bilateral electromyography and nerve conduction velocity studies of bilateral upper extremities under the treatment plan. The injured worker was retired. There were no other progress reports submitted for review. An x-ray of the bilateral knees performed on 05-16-2014 and on 6/14/13 showed post-surgical changes in an otherwise unremarkable exam. A recent detailed clinical evaluation note of the treating physician was not specified in the records provided a detailed recent physical examination of the bilateral knee was not specified in the records specified. The current medication list was not specified in the records specified. Other therapy done for this injury was not specified in the records provided exact date of bilateral total knee replacement was not specified in the records specified. An authorization request dated 09-10-2015 was submitted for review. The requested services included x-rays of both knees. On 09-17-2015, Utilization Review non-certified the request for 1 bilateral knee x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral knee x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic) Radiography (x-rays).

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

Decision rationale: Per the cited guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. In addition, per the cited guidelines, "Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture." An x-ray of the bilateral knees performed on 05-16-2014 and on 6/14/13 showed post-surgical changes in an otherwise unremarkable exam. The presence of acute or recent trauma was not specified in the records provided. Significant changes in the objective physical examination findings since the last X-ray that would require a repeat X-ray were not specified in the records provided. A recent detailed clinical evaluation note of the treating physician was not specified in the records provided. A detailed recent physical examination of the bilateral knee was not specified in the records specified. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The details of PT or other type of therapy done since the date of injury were not specified for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The exact dates of the bilateral total knee replacement surgeries were not specified in the records specified. The rationale for bilateral knee x-rays was not specified in the records provided. The medical necessity of the request for bilateral knee x-ray is not fully established for this patient.