

<b>Case Number:</b>	CM15-0191259		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	01/09/2011
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 67 year old male, who sustained an industrial injury on 01-09-2011. The injured worker is currently unable to work and permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for status post right shoulder arthroscopy, left supraspinatus and infraspinatus tendinosis, C5-C6 and C6-C7 severe left foraminal narrowing, upper extremity radiculopathy, reactive depression, and right knee internal derangement and knee pain. Treatment and diagnostics to date has included physical therapy for bilateral shoulders, right shoulder surgery, epidural steroid injection, and medications. Current medications include Norco, Lyrica, Ibuprofen, Pantoprazole, and Terocin. After review of the progress note dated 08-31-2015, the injured worker reported posterior cervical, left shoulder, and right upper extremity pain. Objective findings included full extension and flexion to the bilateral knees and pain with McMurray's testing in the right knee with no obvious crepitus. The request for authorization dated 08-31-2015 requested right shoulder MRI and right knee x-ray. The Utilization Review with a decision date of 09-11-2015 non-certified the request for x-ray of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Ray of the Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

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

**Decision rationale:** The request in this injured worker with knee pain is for x-ray of the right knee. The records document a physical exam with full range of motion and crepitus and no red flags or indications for imaging. In the absence of physical exam evidence of red flags or physical exam evidence of an anatomic abnormality, a x-ray of the right knee is not medically indicated nor necessary.