

Case Number:	CM15-0195042		
Date Assigned:	10/08/2015	Date of Injury:	10/05/2011
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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: North Carolina

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 54 year old female who sustained an industrial injury on 10-5-11. A review of the medical records indicates she is undergoing treatment for lumbar herniated nucleus pulposus, bilateral knee meniscal tear, bilateral carpal tunnel syndrome, and myospasm. Medical records (6-29-15 to 9-17-15) indicate ongoing complaints of low back pain, rating "7 out of 10", left knee pain, rating "5 out of 10", right knee pain, rating "8 out of 10", and bilateral wrist pain, rating "5-7 out of 10". The physical exam (9-17-15) indicates "chronic pain syndrome". The treating provider reveals tenderness to the lumbar spine with decreased range of motion and spasm, tenderness to knees bilaterally with decreased range of motion in the right knee and "end" range of motion pain in the left knee. Tenderness of bilateral wrists is also noted with "end" range of motion pain. Phalen's test is positive bilaterally with weakness to the right thumb. Diagnostic studies have included urine toxicology and a sudoscan. Effects on activities of daily living are not indicated in the provided records. Treatment has included acupuncture, chiropractic therapy, and medications. The treatment recommendations are for x-rays of bilateral knees and bilateral wrists, as well as MRIs of the lumbar spine, bilateral knees, and bilateral wrists. Her current (9-17-15) work activity is noted as "modified". The utilization review (9-25-15) includes a request for authorization of an x-ray of the right knee. The request was denied.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter updated 07/10/2015.

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

Decision rationale: The ACOEM chapter on knee complaints states: The clinical parameters for ordering knee radiographs following trauma in this population are: 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. The patient has no documented joint effusion, flexion restriction of significant degree, inability to walk or patellar tenderness on exam. Therefore the request is not medically necessary.