

Case Number:	CM15-0196811		
Date Assigned:	10/12/2015	Date of Injury:	10/05/2011
Decision Date:	11/30/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic knee, wrist, hand, and low back pain reportedly associated with an industrial injury of October 5, 2011. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve a request for an x-ray of the left knee. The claims administrator referenced a September 17, 2015 office visit in its determination. On an order form dated September 17, 2015, MRI imaging of the lumbar spine, MRI imaging of the bilateral knees, x-rays of the bilateral wrists, MRI imaging of the lumbar spine, x-rays of the bilateral wrists, and x-rays of the bilateral knees were all ordered, along with electrodiagnostic testing of the bilateral upper extremities, urine drug testing, manipulative therapy, topical compounds, and a pain management consultation. The order form comprised of pre-printed checkboxes, without any associated supporting commentary. On September 17, 2015, the applicant again reported multifocal complaints of low back, knee, and wrist pain, 5-8/10. The applicant was asked to obtain MRI and x-ray studies of multiple body parts. Pre-printed checkboxes were again invoked. Little-to-no narrative commentary accompanied the various imaging study request. The treating provider stated that the applicant carried diagnoses of bilateral knee meniscal tears.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the 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 Chapter, Indications for Imaging - X-rays.

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

Decision rationale: No, the request for an x-ray of the left knee is not medically necessary, medically appropriate, or indicated here. The attending provider stated on his handwritten September 17, 2015 office visit that the applicant carried diagnosis of bilateral meniscal tears. However, the MTUS Guideline in ACOEM Chapter 13, Table 13-5, page 343 notes that plain film radiography is scored a 0/4 in its ability to identify and define suspected meniscal tears as were reportedly present here on the date in question, September 17, 2015. The attending provider did not state why x-rays were sought for a diagnosis for which radiography is scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 13, Table 13-5, page 343. The MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 347 also notes that the routine usage of radiographic film for most knee complaints or injuries is likewise deemed "not recommended." Here, the fact that x-rays of the bilateral knees, x-rays of the bilateral wrists, and x-rays of the lumbar spine were all concurrently ordered strongly suggested that said studies had in fact been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request is not medically necessary.