

Case Number:	CM15-0200334		
Date Assigned:	10/15/2015	Date of Injury:	07/01/2014
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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, Tennessee

Certification(s)/Specialty: Emergency 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 56 year old female who sustained an industrial injury on July 01, 2014. The worker is being treated for: left knee injury strain rule out internal derangement with partial ACL tear, arthritis, persistent pain, stiffness, and weakness. Subjective: September 22, 2015 left knee pain; August 12, 2015 right wrist pain, sharp that began after she fell, and left knee pain. Objective: September 22, 2015 "left mid anterior thigh, left lateral calf and left lateral ankle are all with diminished sensation." Medications: September 09, 2015 Norco prescribed. Acetaminophen July 24, 2015. July 01, 2015 Norco prescribed. June 08, 2015 Diclofenac. Diagnostic testing: June 08, 2015 radiographic study of left knee are "negative", MRI showed medial tear and popliteal cyst, partial ACL tear. May 06, 2015 MRI of left knee. Treatment modality: September 22, 2015 pending scheduling for Synvisc injection to left knee, DME single point cane, crutches, status post left knee surgery June 20, 2015, physical therapy session. On September 23, 2015, a request was made for Radiographic study of the left knee that was denied by Utilization Review on September 30, 2015.

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

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

Decision rationale: Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Per American College of Radiology (ACR) in its most recent appropriateness criteria: If the patient is able to walk without a limp or patient had a twisting injury and there is no effusion, there is minimal likelihood of significant fracture and radiography is not indicated. The clinical parameters for ordering knee radiographs following trauma are as follows:-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 In this case there is no documentation of acute trauma or red flags. In addition, MRI of the left knee was performed in May 2015. There has been no significant change in the patient's condition since MRI was performed. There is no medical indication for x-ray of the left knee. The request should not be authorized.