

Case Number:	CM15-0200413		
Date Assigned:	10/15/2015	Date of Injury:	07/01/2001
Decision Date:	11/25/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/12/2015

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: Arizona, 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 60 year old male who sustained an industrial injury 07-01-01. A review of the medical records reveals the injured worker is undergoing treatment for osteoarthritis and chondromalacia patella. Medical records (08-31-15) reveal the injured worker complains of "significant aching" in his left knee. He reports difficulty going up and down the cabs at the yard and with prolonged ambulation. The pain is not rated. The physical exam (08-31-15) reveals symmetrical range of motion of the knee with peripatellar tenderness and some medial and lateral joint line tenderness. Prior treatment includes medications and surgery. The treating provider ordered bilateral x-rays of the hips and knees. The original utilization review (10-02-15) non-certified the x-rays of the right hip and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of Right Knee #1: Overturned

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

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

Decision rationale: According to the guidelines, x-ray of the knee is recommended for suspected red flag diagnoses (infection, fracture, tumor, etc). In this case, the claimant had a fall and had pain in the patella area since the prior x-ray in January 2015. As a result, the request for another x-ray is appropriate to evaluate loosening of the hardware.

X-Ray Right Hip #1: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip chapter and pg 36.

Decision rationale: According to the guidelines, x-rays of the hip is recommended in those sustaining sever injury or in those with high risk of developing arthritis. In this case, there was no exam of the hip (progress note on 8/31/15, 10/5/15) provided to indicate any of the above prior to the request. As a result the request is not medically necessary.