

<b>Case Number:</b>	CM15-0024143		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	12/13/2007
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Ohio, 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 43-year-old [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 13, 2007. In a utilization review report dated January 28, 2015, the claims administrator failed to approve a request for x-ray imaging of the left knee. The claims administrator referenced a progress note of January 20, 2015 in its determination. The applicant's attorney subsequently appealed. On January 20, 2015, the applicant apparently transferred care to a new primary treating provider (PTP), and reported ongoing issues with low back and knee pain. X-rays of the knee were endorsed on the grounds that the applicant did not have any records available for review. The attending provider contented that the applicant had developed progressively worsening osteoarthritis of the left knee over time following an initial patellar fracture. A TENS unit and unspecified medications were dispensed. The applicant was asked to obtain cognitive behavioral therapy. A rather proscriptive 15-pound lifting limitation was also endorsed. It did not appear that the applicant was working with said limitations in place.

### 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, quantity: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3, Knee Diagnostic Testing, X-Rays X-rays are considered the initial test of choice for evaluating patients with suspected knee osteoarthritis. Recommendation: X-ray for Evaluating Acute, Subacute, or Chronic Knee Pain X-ray is recommended for evaluating acute, subacute, or chronic knee pain. Indications ? In the absence of red flags, knee pain of moderate to severe intensity lasting at least a few weeks, and/or limited range of motion.

**Decision rationale:** Yes, the proposed x-rays of the left knee were medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of plain film radiography of the knee for suspected knee arthritis, the diagnosis reportedly present here. However, the Third Edition ACOEM Guidelines' Knee Chapter does note that plain film x-rays of the knee are recommended to evaluate chronic knee pain. ACOEM further notes that x-rays are the initial test of choice for evaluating suspected knee osteoarthritis. Here, the requesting provider did suggest that the applicant had developed knee osteoarthritis following a previously sustained patellar fracture. Plain film x-rays of the knee were indicated to establish the presence or absence of knee arthritis here, per ACOEM. Therefore, the request was medically necessary.