

Case Number:	CM15-0214580		
Date Assigned:	11/04/2015	Date of Injury:	08/18/2015
Decision Date:	12/22/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/01/2015

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, 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:

This is a 26 year old male patient who sustained an industrial injury on August 18, 2015. He sustained the injury while breaking up fight between two kids. The diagnoses include right knee strain and Blount's disease of the lower extremities status post internal fixation of the bilateral tibias. Per the doctor's note dated 10/15/2015, he had complaints of low back pain, bilateral knee pain, left ankle pain and left foot pain. The physical examination revealed tender right knee. Per the doctor's note dated 9/29/2015, he had complaints of right medial knee pain; locking sensation and instability of the right knee. He has not started physical therapy. Physical exam revealed tenderness to palpation over the medial joint line with positive moderate crepitus, one painful click on extension movement, No laxity with Drawer test, Flexion limited by pain to 100 to 110 degrees, full extension with mild pain at the end range. The McMurray's test was not completed due to significant discomfort. The medications list includes ibuprofen. The patient has history of Blount's disease with surgical fixation of bilateral tibias in 2003-2004. He had right knee X-rays dated 8/18/2015, which revealed no acute fracture or dislocation, proximal tibial irregularity consistent with old fracture. He was certified for 6 physical therapy visits for this injury. The treatment plan is for medication, right knee neoprene support, cold pack, physical therapy, MRI and restricted work duty. A Request for Authorization was submitted for x ray of the right knee. The Utilization Review dated October 20, 2015 denied the request for x ray of the right knee.

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: Overturned

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: X-ray of the right knee. Per the cited guidelines "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." Per the doctor's note dated 9/29/2015, he had complaints of right medial knee pain; locking sensation and instability of the right knee. He has objective findings on the physical exam- tenderness to palpation over the medial joint line with positive moderate crepitus, one painful click on extension movement, no laxity with Drawer test, flexion limited by pain to 100 to 110 degrees, full extension with mild pain at the end range. The McMurray's test was not completed due to significant discomfort. It is medically appropriate to perform the right knee X-ray to evaluate the right knee symptoms. The request of X-ray of the right knee is medically appropriate and necessary for this patient.