

Case Number:	CM15-0030752		
Date Assigned:	02/25/2015	Date of Injury:	03/14/2014
Decision Date:	04/09/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/19/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old male who sustained a work related injury on March 14, 2014, where he incurred knee and shoulder injuries while pushing and pulling pallets with products over 2500 pounds. He was diagnosed with bilateral intra-articular knee dysfunction and osteoarthritis and shoulder osteoarthritis, and bicipital tenosynovitis. Treatments included physical visits, steroid injections to both shoulders and medications. A Magnetic Resonance Imaging (MRI) of the right knee revealed a tear of the medial meniscus. Currently, the injured worker complained of knee pain going up and down stairs and new left foot pain. He reports increased pain, stiffness and swelling in the knees. On February 25, 2015, a request for one X ray of the left foot-(weight bearing) and one X ray of both knees-(weight bearing) was non-certified by Utilization Review, noting the American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of left foot- weight bearing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Ankle and foot chapter: Radiography.

Decision rationale: According to the 01/13/2015 report, this patient presents with "continued left foot pain as well as increased knee pain since starting pool therapy" last month. The current request is for X-ray of left foot- weight bearing "for accurate assessment of OA." The request for authorization is on 01/13/2015. The patient's work status is "return to modified work on 12/16/2014 with limitation." The Utilization Review denial letter state "There was no other orthopedic findings or inability to bear-weight that would indicate a red-flag condition. Furthermore, guidelines only recommend x-rays following a period of 4-6 week conservative care. It appeared the patient first noted left foot discomfort at the 12/16/2014 evaluation. Since he had not waited the recommended period of conservative care, progressing with an x-ray would be premature." Regarding foot/ankle x-ray, ODG guidelines states x-ray is indicates for chronic ankle pain, suspected of osteochondral injury, tendinopathy, ankle instabitiy, pain of uncertain etiology, Reiter's disease, tarsal tunnel syndrome, Freiberg's disease and Morton's neuroma. Review of the provided reports, there were no mentions of osteochondral injury, tendinopathy, ankle instability, pain of uncertain etiology, Reiter's disease, tarsal tunnel syndrome, Freiberg's disease, and Morton's neuroma. In this case, there is no indication that the patient had chronic ankle pain or suspicious of osteochondral injury, tendinopathy, ankle instabitiy, pain of uncertain etiology, Reiter's disease, tarsal tunnel syndrome , Freiberg's disease and Morton's neuroma as required by the guidelines. The request IS NOT medically necessary.

X-ray of bilateral knees- weight bearing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee and leg chapter: X-ray.

Decision rationale: According to the 01/13/2015 report, this patient presents with "continued left foot pain as well as increased knee pain since starting pool therapy." The current request is for X-ray of bilateral knees- weight bearing. The Utilization Review denial letter state "There were no complaints of any new injuries, placing him in a low risk category for fracture. Given the low risk of red-flag conditions, a diagnosis of osteoarthritis, and a permanent and stationary status, the x-ray was not warranted." Regarding x-ray of the knee, ODG guidelines states "if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence." In regards to the request for an x-ray of the bilateral knees, the treating physician has not provided a reason for the request other than "for accurate assessment of OA." Progress notes do not provide discussion of acute trauma or other injury for which an X-ray

would be useful in resolving a fracture. Furthermore, examination findings do not discuss any positive Ottawa knee criteria. Therefore, this request IS NOT medically necessary.