

Case Number:	CM15-0040572		
Date Assigned:	03/10/2015	Date of Injury:	10/25/2012
Decision Date:	10/13/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 65 year old male, who sustained an industrial injury on October 25, 2012. He reported an injury to his right knee. A doctor's first report for occupational injury or illness dated January 22, 2015 revealed the injured worker reported right knee pain. The documentation revealed the injured worker had previous right knee surgery. Objective findings include a decreased range of motion and tenderness. The injured worker was diagnosed with medial meniscus-cartilage tear. Treatment to date has included knee brace, orthopedic consultation, and therapy. A request for an x-ray of the right knee was received on January 27, 2015. The Utilization Review physician determined on February 3, 2015 that the request for an x-ray of the right knee was not medically necessary.

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: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, x-ray of the right knee is not medically necessary. X-rays of the knee are recommended in a primary care setting if a fracture is considered, if the Ottawa criteria are met. The five decision rules for deciding when to use plain films in the fractures, consider injury due to trauma, a greater than 55, tenderness at the head of the fibula or patella, inability to bear weight for #4 steps, inability to flex the knee to 90 & #130; have the strongest supporting evidence. Indications for imaging are enumerated in the Official Disability Guidelines. In this case, the injured worker's working diagnosis is medial meniscus cartilage tear. Date of injury is October 25, 2012. Request for authorization is January 27, 2015. According to a new patient orthopedic evaluation dated January 22, 2015, the injured worker underwent right knee arthroscopy March 2013. Preoperatively, an MRI of the right knee was performed. There is no hard copy in the medical record. A second MRI of the right knee was performed March 2014. There is no hard copy of the report in the medical record. Utilization review states the injured worker was approved for 18 physical therapy sessions. It is unclear whether the new provider reviewed prior medical records based on the prior (two) magnetic resonance imaging scans of the right knee having been performed. There is no clinical indication or rationale for repeating x-rays of the right knee. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, two prior magnetic resonance imaging scans of the right knee, 18 physical therapy sessions authorized and no clinical indication or rationale for repeating the MRI of the right knee, X-ray of the right knee is not medically necessary.