

Case Number:	CM15-0043728		
Date Assigned:	03/13/2015	Date of Injury:	09/29/1999
Decision Date:	04/20/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 female with an industrial injury dated September 29, 1999. The injured worker diagnoses include spinal/lumbar degenerative disc disease, knee pain, pain in joint lower leg and low back pain. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated February 19, 2015, the injured worker reported increase left knee pain. The injured worker also reported buckling of her knee, resulting in more frequent falls 1-2 times per week. Right knee exam revealed healed surgical scar, mild effusion, restricted range of motion, tenderness to palpitation and positive McMurray's test. Left knee exam revealed healed surgical scar, mild effusion, restricted range of motion, tenderness to palpitation and a superior lateral position patella. The treating physician prescribed services for right knee x-ray now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 2015 online version; indications for imaging X-rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 347.

Decision rationale: This 65 year old female has complained of bilateral knee pain since date of injury 9/29/99. She has been treated with bilateral knee surgery, physical therapy and medications. The current request is for an X-ray of the right knee. There is no provider rationale supplied in the available medical records for obtaining an x-ray of the right knee at this time. There is no indication that there has been a change in symptomatology or physical examination of the right knee, which would support obtaining an X-ray of the right knee at this time. On the basis of the available medical records and per the MTUS guidelines cited above, an x-ray of the right knee is not indicated as medically necessary.