

<b>Case Number:</b>	CM15-0043828		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	09/29/1999
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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:

The injured worker is a 65 year old female, who sustained an industrial injury on January 27, 2012. She reported back pain radiating down both legs, lower backache, and left knee pain status post surgical interventions. The injured worker was diagnosed as having spinal lumbar degenerative disc disease, knee pain, pain in the joint of the lower leg and low back pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of bilateral knees, conservative therapies, medical equipment including a wheel chair, pain medications and work restrictions. Currently, the injured worker complains of pain in the lumbar spine, left hip, bilateral knees and right ankle with decreased sensation of the lower extremities. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. It was noted she required medications daily to maintain function. She used a wheelchair for locomotion. Evaluation on August 13, 2014, revealed continued pain. It was noted she had worked to reduce the use of daily pain medication however was requesting additional pain medication at this time to be able to go on a trip. Evaluation on February 19, 2015, revealed continued pain in the left knee. She reported using a wheeled walker to ambulate and noted the knee giving way resulting in falls. Medications were renewed. X-rays of the left knee were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays of the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): Algorithm 13-1 and Algorithm 13-3.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the use of imaging studies in patients with knee complaints. These guidelines indicate that plain films are appropriate when a patient has red flag symptoms. These red flag symptoms may be an indicator for a serious underlying condition (Algorithm 13-1/Initial Evaluation of Occupational Knee Complaints). Further, these MTUS Guidelines comment on the evaluation of slow to recover patients with an occupational knee complaint (Algorithm 13-3). Again, the indicators for further imaging are based on red flag symptoms or findings on physical examination that may be an indicator for a serious underlying condition. In this case, the patient did have a plain film of the left knee on 7/7/2014; which was unchanged from a radiograph done 2 months earlier. There is no documentation provided in the medical record to justify the need for a repeat film. There is no evidence of any red flag symptom or physical examination finding that meets the above cited MTUS criteria for re-imaging. Given the lack of documentation to support the request, X-rays of the left knee are not considered as medically necessary.