

<b>Case Number:</b>	CM15-0056134		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic neck, low back, and knee pain reportedly associated with an industrial injury of July 8, 2013. In a Utilization Review report dated March 19, 2015, the claims administrator failed to approve a request for x-ray imaging of the knee. A progress note of February 16, 2015 was referenced in the determination, as were non-MTUS Third Edition ACOEM Guidelines. The applicant's attorney subsequently appealed. In a progress note dated June 12, 2014, the applicant was given prescriptions for Motrin-containing lotion and tramadol for pain relief. It was suggested that the applicant was working with restrictions at this point in time, despite ongoing complaints of knee pain status post earlier knee arthroscopy. MR arthrography of the knee dated August 21, 2014 was notable for an inferior tear of the posterior compartment of the medial meniscus. Moderate narrowing of the knee joint medial compartment was appreciated. On February 16, 2015, the applicant reported ongoing complaints of knee pain, low back pain, and neck pain. Naprosyn, Prilosec, and Flexeril were endorsed. X-rays of the cervical spine, lumbar spine, pelvis, and knee were endorsed, in conjunction with additional physical therapy. It was suggested that the applicant had not returned to work and was receiving Workers' Compensation indemnity benefits.

### 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 ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** No, the request for x-ray imaging of the right knee was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 347, the routine usage of knee x-rays or radiographic film for most knee complaints or injuries is deemed “not recommended.” Here, the February 16, 2015 office visit on which the knee x-rays in question were endorsed did not clearly outline a role for further plain film knee imaging. Earlier MR arthrography of the knee of late 2014, referenced above, was notable for a recurrent meniscal tear as well as evidence of knee arthritis. It was not, in short, stated what was sought and/or what was suspected via the knee x-rays in question. The attending provider, furthermore, seemingly ordered the knee x-rays in conjunction with several other imaging studies, including x-rays of the cervical spine, lumbar spine, and pelvis. It appeared, thus, that the x-rays in question were being endorsed for routine evaluation purposes, with no clearly formed intention of acting on the results of the same. Therefore, the request is not medically necessary.