

Case Number:	CM15-0083289		
Date Assigned:	05/05/2015	Date of Injury:	11/08/2010
Decision Date:	06/22/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/30/2015

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: Arizona, 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:

This 67 year old man sustained an industrial injury on 11/8/2010 after his vehicle was rear-ended on the freeway. Diagnoses include musculoligamentous cervical strain, lumbar radiculopathy with possible disc pathology, bilateral shoulder impingement syndrome, chest wall contusion, and non-orthopedic complaints of anxiety, depression, and sleep disorder. Treatment has included oral medications and surgical intervention. Physician notes dated 3/10/2015 show complaints of neck pain and stiffness, bilateral shoulder pain, chest wall pain, and low back pain. X-rays were taken on this visit of the cervical spine showing reversal of normal curvature, bilateral shoulders showing hypertonic changes and a downsloping acromion, lumbar spine showing reversal of the normal curvature and slight anterior wedging, sternum showing no evidence of fracture, and left knee showing slight narrowing of the medial joint and patellofemoral joint. Recommendations include submission of previous MRI studies of the bilateral shoulders and lumbar spine, acupuncture, possible surgical intervention to the shoulders and lumbar spine, and specialist referrals for non-orthopedic complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro X-ray of the left knee, DOS: 3/10/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

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

Decision rationale: According to the guidelines, a knee x-ray is recommended for red flags. It is not recommended for routine knee complaints and is optional for hemarthroses. X-rays were taken at the time of initial injury. Current exam did not indicate abnormalities of the knee or subjective complaints. The knee x-ray on 3/10/15 is not medically necessary.