

<b>Case Number:</b>	CM15-0083598		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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:

This injured worker is a 59 year old male who reported an industrial injury on 4-10-2012. His diagnoses, and or impression, were noted to include: left knee sprain; bilateral knee pain; and right knee osteoarthritis. No current imaging studies were noted. His treatments were noted to include: consultations; diagnostic studies; medication management; and rest from work. The progress notes of 2-27-2015 reported improving, occasional, moderate pain in his bilateral knees, left > right, aggravated by activity and relieved by ice, rest and physiotherapy; and of decreased muscle mass and strength with the giving out of his left knee since right knee surgery. Objective findings were noted to include a review of x-rays taken that day, of the left knee, revealing a non-perpendicular left tibial component. The physician's requests for treatments were noted to include a fluoroscope examination of the left knee to rule-out instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscope examination for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 341, 343.

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

**Decision rationale:** Pursuant to the ACOEM, fluoroscopic examination of the left knee is not medically necessary. According to the ACOEM, page 341, special studies are not needed to evaluate most knee complaints and patients were able to walk without a limp, or sustained a twisting injury without effusion, until after a period of conservative care and observation. Additionally, reliance on imaging alone carries a significant risk of diagnostic confusion (both on test results). In this case, the injured worker's working diagnoses are left knee sprain; knee pain bilateral; and right knee osteoarthritis. The date of injury is April 10, 2012. Request for authorization is February 27, 2015. According to a February 27, 2015 progress note, the injured worker is status post bilateral total knee replacements. Subjectively, the injured worker complains of bilateral knee pain 6/10. Reportedly, the left knee has given out. The injured worker has received 24 sessions of postoperative physical therapy. The documentation states physical therapy resolved the injured worker's complaint. Objectively, physical examination is limited to vital signs only. There is no examination of the knees. The treatment plan requests fluoroscopic examination of the left knee. There is no clinical rationale for the fluoroscopic examination of the left knee. Consequently, absent clinical documentation with a physical examination of the left knee, a clinical indication and rationale for fluoroscopic examination of the left knee and guideline non-recommendations for special studies, fluoroscopic examination of the left knee is not medically necessary.