MAXIMUS Federal Services

Case Number:	CM15-0085191		
Date Assigned:	05/07/2015	Date of Injury:	03/14/2010
Decision Date:	06/19/2015	UR Denial Date:	04/26/2015
Priority:	Standard	Application Received:	05/04/2015

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 48 year old female sustained an industrial injury to the neck, back, left wrist, right shoulder and left knee on 3/14/10. Previous treatment included magnetic resonance imaging, x-rays, electromyography, physical therapy, epidural steroid injections, injections, knee brace, Don Joy brace, back brace, hot and cold wrap, neck collar with gel, neck pillow, transcutaneous electrical nerve stimulator unit, psychological care and medications. In the only documentation submitted for review, a Qualified Medical Evaluation dated 10/24/14, the injured worker was status post two series of Hyalgan injections with relief. Physical exam did not address the left knee. Current diagnoses included discogenic lumbar and cervical condition, right shoulder impingement syndrome with bicipital tendonitis, internal derangement of the left knee, bilateral carpal tunnel syndrome and chronic pain syndrome. The treatment plan included magnetic resonance imaging of the neck and left knee, standing x-ray of the left knee, electromyography bilateral upper and lower extremities, back brace, neck traction with air bladder, carpal tunnel brace, left knee Hyalgan injection, psychiatry consultation, carpal tunnel surgery and medications; Trazodone, Effexor, Protonix, LidoPro cream, Terocin patches, Flexeril, Nalfon, Lunesta and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-Ray of the left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 393. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, X-rays.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, x-rays of the left knee is not medically necessary. Most the problems improve quickly once a red flag issues are ruled out. For patients with significant human process and history of acute trauma, radiography is indicated to evaluate the fracture. Reliance only on imaging studies to evaluate the source of the symptoms may carry a significant risk diagnostic confusion because of the possibility of identifying a problem that was present before symptoms began. The indications for imaging are enumerated in the ACOEM and the Official Disability Guidelines. In this case, the injured worker's working diagnoses are discogenic lumbar condition showing disc herniation or bulging at L3-S1; discogenic cervical condition with MRI showing disc bulging C5-C6; impingement syndrome right shoulder with bicipital tendinitis and partial rotator cuff tear; internal arrangement of the left knee with MRI showing fluid along the knee as well as patellar cartilage thinning; and chest wall contusion. MRI evaluation of the left knee showed fluid along the knee as well as patellar cartilage thinning. Plain x-rays were performed but the results are not clear from the record. Subjectively, according to April 17, 2015 progress note, there are no new knee complaints or knee injuries. Objectively, with regards the knee, there is tenderness along the joint line positive compression test. The discussion section (of the April 17, 2015 progress note) states the treating provider requested a repeat MRI of the left knee that was denied. The injured worker repeated plain films (x-rays) of the left knee. There was no clinical indication or rationale for repeating the x-ray of the left knee. There were no new injuries, no new symptoms and no new objective findings. Additionally, an MRI was previously performed. Consequently, absent clinical documentation with a clinical indication or rationale for repeating the plain x-ray of the left knee (having performed an MRI in the past) with no new clinical symptoms, injuries or objective findings, x-rays of the left knee are not medically necessary.