

Case Number:	CM15-0089768		
Date Assigned:	05/14/2015	Date of Injury:	08/29/2012
Decision Date:	06/16/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/11/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 40 year old female injured worker suffered an industrial injury on 08/29/2012. The diagnoses included chronic left knee pain, arthroscopy, significant chondromalacia, meniscal tear, and degenerative joint disease. The injured worker had been treated with medications and exercise. On 4/8/2015, the treating provider reported complaints of increased pain since injections with increased painful popping and pulling to the left knee. At rest, the pain was 4 to 5/10 and 9/10 at worst. On exam there was moderate to severe edema and moderate to severe crepitus with painful range of motion. The treatment plan included bilateral knee x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee x-rays (standing A/P, lateral and sunrise) Qty:1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
 Page(s): 335-339.

Decision rationale: The request in this injured worker with chronic knee pain is for a MRI of the knee. The records document a physical exam with painful range of motion but no red flags or indications for immediate referral or imaging. In the absence of physical exam evidence of red flags or physical exam evidence of an anatomic abnormality, bilateral knee x-rays (standing A/P, lateral and sunrise) are not medically indicated. The medical necessity of Bilateral knee x-rays (standing A/P, lateral and sunrise) are not substantiated in the records. The request is not medically necessary.