

Case Number:	CM14-0111637		
Date Assigned:	08/01/2014	Date of Injury:	03/04/2014
Decision Date:	10/07/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 56-year-old female with a 3/4/14 date of injury. The mechanism of injury was noted to be from a slip and fall. According to a report dated 6/13/14, the patient tripped and fell a few days ago, fell forward, and landed on her right knee. She had some temporary increased pain in the right knee, which has been healing nicely. There has been no change in her condition as a result of this. In a progress report dated 6/26/14, the patient stated that she had continued with her self-treatment with improvement and has not received additional therapy. She stated that she has not had any residual problems as a result of the fall from 2 weeks ago. Objective findings: tenderness to palpation over the medial and lateral joint line, medial and lateral pain with McMurray's maneuver, moderate patellofemoral irritability. An X-ray report dated 6/13/14 demonstrated findings consistent with a healed patellar fracture. An MRI dated 6/4/14 revealed mottled increased bone marrow signal intensity within the patella and proximal anterior tibia; focal metallic artifact within distal femoral diaphysis; globular and linear intermediate signal intensity posterior horn medial meniscus extending to the inferior articular surface; globular and linear intermediate signal intensity body and posterior horn lateral meniscus extending to the inferior articular surface; small joint effusion; thickened proximal patellar tendon consistent with tendinosis. Diagnostic impression: probable right patellar fracture, closed head injury, internal derangement of the right knee with probable medial and lateral meniscal tears. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 7/1/14 denied the request for x-ray of the right knee. Per the clinical documentation provided, the physician noted that the patient had a previous x-ray and he was ordering a new x-ray to see how the fracture was healing. The guidelines also state that most knee problems improve quickly once any red flag issues are ruled out.

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 Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343, Chronic Pain Treatment Guidelines Knee Complaints.

Decision rationale: CA MTUS states that for patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. An X-ray report dated 6/13/14 demonstrated findings consistent with a healed patellar fracture. It is noted that the patient had a recent fall; however, it is noted that the patient has had no change in her condition as a result of the fall. The patient further stated that she has not had any residual problems as a result of the fall. Furthermore, there are no extenuating circumstances or red flags to suggest a fracture, dislocation, or subluxation. There is no documentation of any significant changes in the patient's condition since the last x-ray to warrant repeat imaging. In fact, the patient stated that her condition has been improving with physical therapy. Therefore, the request for 1 X-ray of the right knee was not medically necessary.