

Case Number:	CM14-0117492		
Date Assigned:	08/04/2014	Date of Injury:	10/20/2012
Decision Date:	10/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 28-year-old individual with a date of injury of October 20, 2012. The mechanism of injury was a fall with the worker landing on the buttocks with the left foot and leg metal drawers. The injured worker has subjective complaints of stabbing left hip pain and a key knee pain. The patient has a diagnosis of left knee sprain and strain. The disputed request is for left knee x-rays. A utilization review determination had noncertified this request after a reviewer made two attempted contacts with the requesting provider. The utilization reviewer reasoned that there was no mention if plain films were taken at the time of the original injury in 2012, and there is "no mention of a specific diagnosis for which the films are indicated at this time."

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation. Knee and Leg

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

Decision rationale: The injured worker in this case has an industrial injury that is over 2 years ago. A report on date of service May 27, 2014 indicates that the worker had originally obtained x-rays of her left leg the day after her injury, but she was not given these results. She eventually returned to work without restriction. When the worker attempts any type of physical activity or exercise, she experiences left leg swelling. Physical examination of the left knee revealed tenderness to palpation of the anterior and lateral knee area otherwise there was no bruising, swelling, atrophy or lesion present. McMurray's maneuver and patellar compression resulted in pain. From a medical standpoint, given the chronicity of the left knee pain and the physical examination documented, left knee x-rays are warranted. The utilization reviewer may be indirectly referencing issues of causation and what injured body regions are industrially related in stating that it was unclear if the injured worker had an original knee x-rays at the time of injury. The discussion of causation is beyond the scope of the independent medical review process. From a medical perspective, left knee x-rays are warranted.