

Case Number:	CM14-0118808		
Date Assigned:	09/15/2014	Date of Injury:	09/01/2011
Decision Date:	10/31/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/29/2014

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 Internal 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 49 year old female who sustained an injury to her left knee on 09/01/11 due to cumulative trauma while performing her usual and customary duties as a bread maker, she was kneeling at work while making bread. The records indicate that the injured worker underwent surgical intervention on 02/28/13 for the left knee. She reported that the knee feels the same, with continued bilateral knee pain as well as low back and hip pain. MRI of the bilateral knees was essentially unremarkable, with the left only showing effusion. Conservative treatment has included chiropractic manipulation, acupuncture, physical therapy, management with medications, and acupuncture treatment. A Cortisone injection was also performed with no significant lasting benefit. A clinical note dated 02/04/14 reported that the injured worker continued to complain of bilateral knee pain. Physical examination noted 1/5 quad strength, 4/5 hamstring strength; range of motion of the left knee 5-120 degrees. Updated MRI of the left knee dated 01/21/14 revealed focal full thickness chondral loss; meniscus, cruciate ligaments, and collateral ligaments intact. The injured worker was possible left femoral nerve palsy status post left knee arthroscopy. EMG/NCV and MRI of the lumbar spine, as well as left knee arthroscopy, were recommended. A request for an x-ray of the left knee was denied in the pre-authorization process on 07/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Radiography (x-rays)

Decision rationale: The request for an x-ray of the left knee is not medically necessary. The previous request was denied on the basis that the injured worker has had multiple MRIs of the left knee, as well as arthroscopy of the knee and there is no clear indication for x-rays. The most recent report stated that the treating physician is withdrawing the request for multiple view x-rays; therefore, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention is anticipated. There were no recent physical examination findings of decreased motor strength, increased reflex or sensory deficits. There were no additional significant red flags identified. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support the need to reverse the previous adverse determination. Given this, the request for an x-ray of the left knee is not indicated as medically necessary.