

<b>Case Number:</b>	CM14-0122456		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Family 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 injured worker's date of injury is 02/03/2012. Medical records regarding the original injury or not included for this review. This patient perceives treatment for chronic low back pain. Subsequently, the patient reported clicking in the left knee accompanied with the left knee pain and feeling a weakness in the left hip. On exam the gait is normal. Heel and toe walk is normal. Lumbar region exam is normal. Left anterior hip is tender to palpation. Inspection of the left knee is normal and pain occurs with ROM testing. There is left knee tenderness superiorly. Diagnoses include: labral tear L hip, left femoral nerve and strain. NSAIDS and physiotherapy were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for 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 Guideline: Knee and Leg (Updated 6/5/14); Radiography, Indications for Imaging-X-Ray

**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, Radiography

**Decision rationale:** This patient has left knee pain. The physical examination is abnormal. There is localized pain that is reproducible on exam with palpation of the superior aspect of the knee and with passive Range of Motion (ROM) testing. These findings are compatible with an internal derangement of the knee of injury and damage to the bony structure of the knee. The retrospective request for an x-ray of the left knee is approved.