

Case Number:	CM14-0128831		
Date Assigned:	08/18/2014	Date of Injury:	10/24/2003
Decision Date:	10/28/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/13/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 55-year-old female who reported a work related injury on 10/24/2003. The mechanism of injury was not provided for review. Diagnostic studies were not provided for review. The injured worker's past treatment consists of medication management, injections, ice, and topical agents with minimal relief. Upon examination on 07/02/2014, the injured worker complained of right knee pain. She rated her pain with medications as 7 on the VAS pain scale. Without medications, the injured worker rated her pain as a 10 on the VAS pain scale. It was noted that the injured worker had no new problems or side effects. The injured worker stated that her level of activity has decreased. On 06/18/2014, the injured worker stated she stepped off a curb. Her right knee buckled and she went to catch herself with her left leg, which increased her pain. She reported that the pain has slightly improved. On physical examination of the left knee, it was noted that the exam was limited due to elicited pain. On motor examination, it was noted that muscle strength of the left knee was within normal limits. It was also noted on the sensory examination that light touch sensation is decreased over the medial foot on the right side, and reflexes of upper and lower extremities responded normally to reflex examination. The injured worker's prescribed medications include Norco and fentanyl patch. The treatment plan consisted of an x-ray of the left knee. The rationale for the request was a recent fall. A Request for Authorization form was submitted for review on 07/15/2011.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee and Leg

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

Decision rationale: The request for an X-ray of the left knee is not medically necessary. California MTUS/ACOEM states special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical parameters for ordering knee radiographs following trauma are: Joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk (4 steps) or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. Within the documentation, it was noted that the injured worker had medial left knee pain. However, objective findings do not warrant the medical necessity of an x-ray. As such, the request for an x-ray of the left knee is not medically necessary.