

Case Number:	CM14-0140846		
Date Assigned:	09/10/2014	Date of Injury:	04/21/1994
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 71 year old female who reported an injury on 04/21/1994; the mechanism of injury was not provided. Diagnoses included moderate degenerative joint disease, patella chondromalacia, and patellar subluxation. Past treatments included a home exercise program and medications. Diagnostic studies included x-rays of the left hip and left knee, completed on 12/04/2009, which indicated degenerative changes in both. Surgical history was not provided. The clinical note dated 06/04/2014 indicated the injured worker complained of pain in the left groin and left knee, but had no new complaints concerning the left hip. Physical exam revealed left knee flexion 5-120 degrees with crepitus, and joint line tenderness with positive patellar inhibition test. Medications included hydrocodone. The treatment plan included x-ray of the left pelvis (lateral and standing), x-ray of the left hip (lateral and standing), and x-ray of the left knee (lateral and standing); the rationale for treatment was not provided. The request for authorization form was completed on 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of Left Pelvis (Lateral and Standing): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, X-ray

Decision rationale: The Official Disability Guidelines indicate that plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. Clinical notes indicate the injured worker complained of pain in the left groin and left knee, but had no new complaints concerning the left hip. The injured worker had x-rays of the left hip at the time of her injury. There is a lack of documentation to indicate the injured worker had a recent injury or new physical exam findings to warrant x-ray of the pelvis at this time. Therefore the request for x-ray of the left pelvis (lateral and standing) is not medically necessary.

X-ray of Left Hip (Lateral and Standing): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, X-ray

Decision rationale: The Official Disability Guidelines indicate plain radiographs are usually sufficient for diagnosis of hip fracture as they are at least 90% sensitive. Clinical notes indicate the injured worker complained of pain in the left groin and left knee, but had no new complaints concerning the left hip. The injured worker had x-rays of the left hip at the time of her injury. There is a lack of documentation to indicate the injured worker had a recent injury or new physical exam findings to warrant x-ray of the hip at this time. Therefore the request for x-ray of the left hip (lateral and standing) is not medically necessary.

X-ray of Left Knee (Lateral and Standing): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 343.

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

Decision rationale: The ACOEM Guidelines indicate that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. The clinical notes indicate the injured worker complained of pain in the left groin and left knee. The injured worker had x-rays of the left knee at the time of her injury. There is a lack of documentation to indicate the injured worker had a recent injury or new physical exam findings to warrant x-ray of the knee at this time. Therefore the request for x-ray of the left knee (lateral and standing) is not medically necessary.

