MAXIMUS Federal Services

Case Number:	CM14-0146311		
Date Assigned:	09/12/2014	Date of Injury:	06/14/2013
Decision Date:	11/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/09/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 61-year-old diabetic man who sustained a work-related injury on June 14, 2013. Subsequently he developed low back and knee pain. The patient did undergo an arthroscopic left knee surgery on December 13, 2013, which he stated did not help with his pain and continued wearing a left knee brace. According to a progress report dated August 11, 2014, the patient continued complaining of left knee pain, better with medications. There is weakness, swelling, and occasional giving away. His physical examination, the patient walked with a mild right antalgic gait. He was able to walk on his toes and heels. His lumbar range of motion was reduced. There is no spasm or tenderness along the thoracolumbar spine. Muscle strength of the extensor hallucis longus, tibialis anterior, peroneal, quadriceps, hamstrings, and intrinsic muscles was 5/5. Reflexes were trace at the knees and ankles. There was no sensory loss to sharp or dull stimulation noted in the lower extremities. Straight leg raising in the sitting position was to 90 degrees and in the supine position was to 75 degrees on the right and 45 degrees on the left, with bilateral hamstring spasm. Hypomobility of the left knee was noted. There was a tenderness of the left knee medial joint line. The patient's diagnosis included myoligamentous strain/sprain lumbar spine, compression/contusion injury of the left knee, residuals of chronic sprain/strain injuries bilateral ankles/feet/toes. The provider requested authorization for x-ray of the AP standing left knee and x-ray of the AP standing right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the Anterior-Posterior (AP) Standing Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (updated 06/05/2014): Radiography (x-rays), Indications for imaging -- X-Rays

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

Decision rationale: According to MTUS guidelines, X ray of the knee is recommended in case of patello femoral syndrome. There is no documentation of left knee patella-femoral dysfunction in this case. Therefore, the request is not medically necessary.

X-Ray of the Anterior-Posterior (AP) Standing Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (updated 06/05/2014): Radiography (x-rays), Indications for imaging -- X-Rays

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

Decision rationale: According to MTUS guidelines, X ray of the knee is recommended in case of patello femoral syndrome. There is no documentation of right knee patella-femoral dysfunction in this case. Therefore, the request is not medically necessary.