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| Case Number: | CM14-0147441 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 11/16/2011 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/22/2014 |
| Priority: | Standard | Application Received: | 09/10/2014 |

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 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:

Medical records reflect the claimant is a 59 year old male who sustained a work injury on 11-16-11. Office visit on 08/08/14, the claimant reported right knee pain. The claimant ambulated with a cane. On exam, he had decreased range of motion, tenderness at medial and lateral joint line, positive guarding bilaterally there was no laxity. The claimant was provided with a diagnosis of bilateral degenerative joint disease, chondromalacia patella, patellofemoral joint arthralgia and tear of the posterior horn of the right medial meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one (1) bilateral knee x-ray on August 8, 2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ACOEM notes that obtaining x-rays once is generally sufficient. For patients with chronic or progressive knee pain, it may be reasonable to obtain a second set of x-rays, months to years after the baseline x-rays to re-evaluate the patient's condition, particularly

if symptoms change. There is an absence of change in symptoms or progressive physical exam deterioration. Therefore, the medical necessity of this request is not established.