

Case Number:	CM14-0178249		
Date Assigned:	11/03/2014	Date of Injury:	05/03/2003
Decision Date:	12/08/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/27/2014

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, has a subspecialty in Interventional Spine 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 patient is a 51 year-old male with the date of injury of 05/03/2003. The patient presents with pain in his neck, lower back and knees from an auto vehicle accident. The patient reports experiencing numbing sensations in her upper and/ or lower extremities on and off. The patient rates his pain as 8/10 on the pain scale on most days and 4-6/10 with medication. The patient states that he feels as if he is going fall when he walks. The patient presents limited range of lumbar or cervical motion. His lumbar flexion is 20 degrees, extension is 10 degrees and bending is 15 degrees. His cervical flexion is 35 degrees, extension is 30 degrees and rotation is 40 degrees. The patient wears a splint on his leg. The patient is not currently working. According to [REDACTED] report on 03/20/2014, diagnostic impressions are;1) Neck pain s/p cervical fusion2) Lumbar herniated nucleus pulposus with facet arthropathy and radiculitis3) Bilateral knee pain4) Left knee total knee failure5) GERDThe utilization review determination being challenged is dated on 10/23/2014. [REDACTED] the requesting provider and she provided treatment reports from 03/20/2014 to 10/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the Bilateral Knees: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341--343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Radiographs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Radiographs

Decision rationale: The patient presents pain and weakness in his neck, lower back and knees. The request is for X-rays of the bilateral knees. X-ray of the right knee from 10/24/2012 indicates that there is a possible small joint effusion on right knee. The treater does not indicate why X-ray of knees is being requested. There are no reports that specifically discuss this request. ACOEM guidelines page 341-343 recommend knee radiographs if there is joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk (four steps) or bear weight immediately or within a week of the trauma, or inability to flex knee to 90 degrees. ODG guidelines support X-rays for non-traumatic knee as an initial evaluation. The reports do not show that the patient has had left knee X-rays, and the right knee X-rays are from couple of years ago. Updated X-rays appear reasonable to assess the patient's knee condition. Recommendation is for authorization.