MAXIMUS Federal Services

Case Number:	CM14-0211906		
Date Assigned:	01/22/2015	Date of Injury:	12/22/1997
Decision Date:	03/12/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Indiana
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old female, who sustained an industrial injury on 12/22/1997. She has reported subsequent bilateral knee pain and was diagnosed with compression/contusion injury of the left knee, rule out internal derangement. Treatment to date has included oral and topical pain medication, interferential unit and intra-articular joint injection. In a progress note dated 11/05/2014, the treating physician the injured worker was continuing to report moderate intermittent bilateral knee pain that increased with walking, stair climbing and bending knees. Objective physical examination findings were notable for decreased range of motion of the left knee and tenderness. The physician requested an x-ray of the bilateral knees to measure joint space. On 11/25/2014, Utilization Review non-certified a request for x-ray of the right knee between 11/21/2014 and 01/05/2015 noting that the mechanism of injury was unclear and it's unclear that if any previous imaging has been provided . MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray (AP standing) of right knee x 1 between 11/21/2014 and 1/5/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330-336, 341-343. Decision based on Non-MTUS Citation ODG Knee; radiography

Decision rationale: ACOEM states regarding knee evaluations, The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: Patient is able to walk without a limp Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: 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. Inability to flex knee to 90 degrees. ODG states regarding radiograph of knee and leg, Recommended in a primary care setting, if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence. And further clarifies indications for imaging -- X-rays:- Acute trauma to the knee, fall or twisting injury, with one or more of following: focal tenderness, effusion, inability to bear weight. First study.- Acute trauma to the knee, injury to knee >= 2 days ago, mechanism unknown. Focal patellar tenderness, effusion, able to walk.- Acute trauma to the knee, significant trauma (e.g., motor vehicle accident), suspect posterior knee dislocation.- Non-traumatic knee pain, child or adolescent – non-patellofemoral symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table).- Non-traumatic knee pain, child or adult: patellofemoral (anterior) symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view.- Non-traumatic knee pain, adult: non-trauma, non-tumor, non-localized pain. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table).The medical records provided did not indicate a mechanism of injury of the knee that would meet ODG criteria. Additionally, the medical records indicate that the patient is able to ambulate, which supports not obtaining an x-ray per ACOEM. It is unclear what the previous imaging showed and how things have changed to justify a new X-ray. As such, the request for Right knee x-ray is not medically necessary at this time.