

Case Number:	CM14-0213057		
Date Assigned:	12/30/2014	Date of Injury:	05/26/2000
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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: California

Certification(s)/Specialty: Internal 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 patient is an injured worker who is status post left knee TKA total knee arthroplasty performed on January 23, 2014. The date of injury was May 6, 2000. The patient was being treated for left knee pain. The progress report dated March 10, 2014 documented that the patient complained of left knee pain with tenderness, swelling and weakness. Physical examination of the left knee revealed a normal gait with full weight bearing, mild effusion, mild swelling, and an active pain free range of motion. The patient was status post total knee arthroplasty on January 23, 2014. The patient was treated with post-operative physical therapy and medications including Ambien, Celebrex, Norco, Tramadol and Tylenol #3. Left knee TKA total knee arthroplasty was performed January 23, 2014. The progress report dated April 28, 2014 documented left knee pain. Physical examination was documented left knee effusion, surgical scars, and tenderness. Diagnosis was knee joint replacement. Treatment plan was documented. Radiographs were obtained as standard operating procedure status post total knee arthroplasty performed on January 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho routine left knee xray includes AP/LAT/Upright/Notch Retro DOS 03/14/14:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses radiography. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Table 13-6 Summary of Recommendations for Evaluating and Managing Knee Complaints (Page 347) indicates that plain-film radiographs for suspected red flags are recommended. ACOEM 3rd Edition indicates that roentgenogram X-rays for evaluating acute, subacute, or chronic knee pain is recommended. Medical records document that the patient had total knee arthroplasty surgery performed on January 23, 2014. The progress report dated March 10, 2014 and April 28, 2014 documented physical examination findings. ACOEM 3rd Edition indicates that roentgenogram X-rays for evaluating acute, subacute, or chronic knee pain is recommended. The request for plain-film X-ray radiographs is supported by the medical records and ACOEM guidelines. Therefore, the request for Ortho routine left knee x-ray includes AP/LAT/Upright/Notch Retro DOS 03/14/14 is medically necessary.

Ortho routine knee x-ray Lt LTO (AP/Lateral) Retro DOS 3/10/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses radiography. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Table 13-6 Summary of Recommendations for Evaluating and Managing Knee Complaints (Page 347) indicates that plain-film radiographs for suspected red flags are recommended. ACOEM 3rd Edition indicates that roentgenogram X-rays for evaluating acute, subacute, or chronic knee pain is recommended. Medical records document that the patient had total knee arthroplasty surgery performed on January 23, 2014. The progress report dated March 10, 2014 and April 28, 2014 documented physical examination findings. ACOEM 3rd Edition indicates that roentgenogram X-rays for evaluating acute, subacute, or chronic knee pain is recommended. The request for plain-film X-ray radiographs is supported by the medical records and ACOEM guidelines. Therefore, the request for Ortho routine knee x-ray Lt LTO (AP/Lateral) Retro DOS 3/10/14 is medically necessary.