

<b>Case Number:</b>	CM14-0218646		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	09/30/2005
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: Pennsylvania

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 injured worker is a 48 year old female who sustained an industrial injury on 9/30/2005 due to a fall. She has reported bilateral knee pain, left > right, rated 3-8/10. The diagnoses have included end-stage osteoarthritis/chondromalacia patella, intra-substance degeneration with possible meniscal tear, status post partial lateral meniscectomy left knee, status post excision of prepatellar bursa, and chronic synovitis. Treatments to date have included consultations, diagnostic imaging studies, left knee arthroscopic surgery with meniscectomy and prepatellar bursa removal, conservative treatments with physical therapy and injections, viscosupplementation, and medication management. Work status was temporarily partially disabled. Magnetic resonance imaging (MRI) of the left knee on 4/6/14 showed semimembranosus tendinitis versus intrasubstance tear, global increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration, tear is not entirely excluded. The physician progress note of 4/23/14 documented that the MRI did not address the patellofemoral joint. An initial trial of viscosupplementation to the left knee was performed on 8/8/14. A report by the primary treating physician on 10/21/14 notes the injured worker reported continued left greater than right knee pain with limitations of activities of daily living. Examination of both knees showed range of motion of 1-130 degrees, painful patellofemoral crepitus with motion, no instability, and tenderness about the knee. Diagnosis was noted as bilateral knee chondromalacia patella. Anterior/posterior and lateral x-rays of bilateral knees to evaluate cartilage interval was requested. On 11/7/14 and 12/10/14, the x-rays were again requested to evaluate interval changes and osteoarthropathy. On 12/9/2014 Utilization

Review non-certified the request for bilateral standing anterior/posterior and lateral knee x-rays due to worsening condition and outdated imaging studies, noting that as advanced imaging studies are available for review, radiographs are not necessary as they would not provide any greater depth of information. Utilization Review cited the MTUS, ACOEM and ODG Guidelines for chronic pain medical treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Standing AP and Lateral X-Ray of the Bilateral Knees: 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 (ODG) Knee & Leg

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): p.343. Decision based on Non-MTUS Citation Knee chapter: radiography (x-rays)

**Decision rationale:** The injured worker has a diagnosis of knee osteoarthritis and chondromalacia patella. The initial injury was remote and there was no documentation of recent acute trauma. Per the MTUS chapter on knee complaints table 13-5, imaging studies in the form of radiography and MRI are useful in identifying and defining knee pathology related to patellofemoral syndrome. Per the ODG, anteroposterior, lateral, and axial x-rays are indicated for nontraumatic knee pain with patellofemoral (anterior) symptoms after initial exam. Magnetic resonance imaging performed on 4/6/14 did not address the patellofemoral joint. In addition, subsequent to the MRI, the initial worker underwent viscosupplementation to the left knee on 8/8/14. In October, November, and December of 2014, the treating physician documented the need to evaluate for interval changes in cartilage and osteoarthropathy. The request for Standing AP and Lateral X-Ray of the Bilateral Knees is medically necessary.