

<b>Case Number:</b>	CM15-0004735		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 53 year old male, who sustained an industrial injury on 10/05/2011, while employed as a cook. The diagnoses have included pain in joint, hand, status post traumatic crush injury to the third finger, anxiety, and cervical radiculopathy versus peripheral neuropathy. Treatment to date has included conservative measures. A magnetic resonance imaging report of the lumbar spine, dated 11/08/2014, noted no specific disc herniation T12-L3. L4-S1 showed diffuse disc protrusion with effacement of the thecal sac. Currently, the injured worker complains of pain in the back, bilateral hands, and bilateral knees. Examination of the knees was positive for tenderness. An X-ray of bilateral knees was requested for evaluation. On 12/23/2014, Utilization Review non-certified a request for X-rays to bilateral knees, noting the lack of compliance with ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Rays to Bilateral Knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-344.

**Decision rationale:** The ACOEM chapter on knee complaints and knee radiographs states: Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or overdiagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. Table 13-5 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. 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. Based on the provided documentation and physical exam notation, the need for radiographs of the knees per the ACOEM guidelines has not been established. Therefore the request is not certified.