

Case Number:	CM15-0112147		
Date Assigned:	06/18/2015	Date of Injury:	10/29/2014
Decision Date:	08/13/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/10/2015

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: California
 Certification(s)/Specialty: Emergency 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 63-year-old male who sustained an industrial /work injury on 10/29/14. He reported an initial complaint of left knee, left hip, low back, and bilateral ankle pain. The injured worker was diagnosed as having sprain of ankle, knee, and leg; sprain of lumbosacral joint/ligament; congenital reduction deformities of brain; displacement of lumbar intervertebral disc without myelopathy; pain in joint, lower leg; pain in joint, ankle and foot. Treatment to date includes medication, diagnostics, and physical therapy. Currently, the injured worker complained of back pain and bilateral ankle pain. Per the primary physician's report (PR-2) on 12/19/14, exam noted less pain and less weight. There is degenerative joint disease per x-ray in the ankles, lumbar spasm with diagnosis confirmed as sprain of low back and ankle sprain. Current plan of care included continued therapy. The requested treatments include left knee x-ray and left ankle x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343, 347.

Decision rationale: As per ACOEM guidelines, imaging of knee is not recommended for most knee complaints. There is no documentation of attempted conservative care, no signs of instability or red flag signs. Patient has documented improvement in symptoms. There is no rationale provided for request for imaging of chronic knee pain except to rule out degenerative joint disease. Documentation does not meet criteria to recommend imaging. X-ray of knee is not medically necessary.

Left ankle x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: As per ACOEM guidelines, imaging of ankle is not recommended for most ankle complaints. There is no documentation of attempted conservative care, no signs of instability or red flag signs. Patient has documented improvement in symptoms. There is no rationale provided for request for imaging of chronic ankle pain except to rule out degenerative joint disease. Imaging may sometime be recommended in situations where stress fractures are suspected but provider has failed to document any signs of stress fractures. Documentation does not meet criteria to recommend imaging. X-ray of ankle is not medically necessary.