

<b>Case Number:</b>	CM15-0113352		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Texas, New York, California  
 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 applicant is a represented 36-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 10, 2013. In a Utilization Review report dated May 29, 2015, the claims administrator failed to approve a request for standing x-rays of the left lower extremity. The claims administrator referenced a RFA form received on May 20, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated May 11, 2015, the applicant was given a rather proscriptive 10-pound lifting limitation. Ongoing complaints of knee pain with associated locking, clicking, and popping were reported. Swelling and tenderness about the medial joint line with associated knee swelling was reported. Viscosupplementation injection therapy was sought. Standing x-rays of the knee were also sought to evaluate alignment of the knee joint. Norco and Naprosyn were renewed. In a medical-legal evaluation dated March 4, 2015, the applicant was described as having ongoing complaints of knee pain status post earlier failed knee arthroscopy. The applicant had received a knee corticosteroid injection. Viscosupplementation injections had not been performed. The applicant was off of work, it was reported. Ongoing complaints of knee pain with associated swelling and crepitation were reported. The applicant was described as having "significant chondromalacia" about the left knee. The medical-legal evaluator alluded to the applicant's having undergone earlier x-rays of the knee dated March 4, 2015 which were notable for unicompartmental cartilaginous joint space loss about the medial compartment of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One long standing x-rays, left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg 485-486.

**Decision rationale:** No, the request for standing x-rays of the left lower extremity was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, page 341 notes that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation, the MTUS Guideline in ACOEM Chapter 13, page 341 does not specifically address the topic of x-rays to evaluate knee arthritis, i.e., the diagnosis present here, nor does the MTUS Guideline in ACOEM Chapter 13 address the topic of repeat x-rays of the knee, as was apparently sought here. While the Third Edition ACOEM Guidelines Knee Chapter does acknowledge that x-rays are considered the initial test of choice for evaluating applicants with suspected knee osteoarthritis, ACOEM qualifies this recommendation by noting that obtaining x-rays once is "generally sufficient." Here, the applicant had had earlier x-rays of the knee dated March 4, 2015 which were notable for advanced unicompartamental osteoarthritis. The earlier positive knee x-ray results, thus, effectively obviated the need for the repeat x-rays at issue. The attending provider's handwritten note of May 11, 2015 did not set forth a clear or compelling rationale for pursuit of repeat knee x-ray testing so soon after the applicant had already received positive x-ray results on March 4, 2015. Therefore, the request was not medically necessary.