MAXIMUS Federal Services

Case Number:	CM15-0116039		
Date Assigned:	06/24/2015	Date of Injury:	06/15/2013
Decision Date:	07/23/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/16/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 39 year old male who sustained an industrial injury on 06/15/2013 when he fell from a scaffold. The injured worker was diagnosed with lumbar sprain/strain and sprain of knee and leg. The injured worker underwent a left knee arthroscopy for meniscus tear on January 28, 2014. Treatment to date has included diagnostic testing, surgery, physical therapy and home exercise program, chiropractic therapy, current participation in a functional restoration program (FRP), conservative measures and medications. According to the primary treating physician's progress report on May 19, 2015, the injured worker continues to experience bilateral knee and back pain. Right knee is more painful than the left. Evaluation revealed a global, slow antalgic gait. Examination of the lumbar spine demonstrated paravertebral muscle tenderness and pain around the sacrum bilaterally. No spinal process tenderness was noted. The injured worker no longer uses the heel lift due to pain. There was no physical objective assessment of the knees. Current medications are listed as Celebrex and ThermaCare heat wraps. Treatment plan consists of continuing with home exercise program and daily walks, continue with functional restoration program (FRP), current medication regimen, sacral star Kinesio tape, gradually increase time with left heel lift for leg length discrepancy and the current request for X-rays of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the left knee including lateral merchant views and posterior anterior: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

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

Decision rationale: Regarding the request for x-ray of the knee, ACOEM guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. They support the use of x-rays for joint diffusion within 24 hours of trauma, palpable tenderness over the fibular head or patella, inability to walk 4 steps or bear weight immediately within a week of trauma, and inability to flex the knee to 90. ODG contains criteria for x-ray of the knee in the presence of non-traumatic knee pain with patellofemoral pain or nonspecific pain. Within the documentation available for review, it appears the patient has undergone an x-ray previously. The patient has also undergone left knee arthroscopic surgery. Additionally, there is no indication that the current treating physician has reviewed those x-rays prior to requesting a repeat imaging study. Given this, the currently requested x-ray is not medically necessary.