

Case Number:	CM15-0117003		
Date Assigned:	06/25/2015	Date of Injury:	03/10/2008
Decision Date:	07/24/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/17/2015

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, Indiana, New York
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:

This 45 year old man sustained an industrial injury on 3/10/2008. The mechanism of injury is not detailed. Evaluations include right knee MRI dated 6/19/2008, right knee x-rays dated 7/14/2008, and left knee arthrogram dated 11/25/2009. Diagnoses include partial anterior cruciate ligament tear, subluxation of the patella, likely quadriceps tear, Treatment has included oral medications and injection of Depo-Medrol and Kenalog. Physician notes dated 5/28/2015 show complaints of left knee pain rated 5/10. Recommendations include Cymbalta, Flexeril, Kadian, Norco, Nortriptyline, evaluation with knee surgeon, left knee MRI, left knee x-rays, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Xray views of the Left Knee (IF NOT PERFORMED IN MD OFFICE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) - Radiography (Xrays).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, 3-view x-ray left knee (if not performed in provider's office) is not medically necessary. X-rays of the knee are recommended in a primary care setting if a fracture is considered, if the Ottawa criteria are met. The five decision rules for deciding when to use plain films in the fractures, consider injury due to trauma, a greater than 55, tenderness at the head of the fibula or patella, inability to bear weight for #4 steps, inability to flex the knee to 90 degrees have the strongest supporting evidence. Indications for imaging are enumerated in the Official Disability Guidelines. Radiographs of the knee are primarily reserved for patients in the acute phase of care, when the fracture is considered. Radiographs for nontraumatic adults are indicated with the patellofemoral symptoms and non-localized pain. The ACOEM states radiography is indicated for patients with significant hemarthrosis and the history of acute trauma to evaluate for fracture. Soft tissue injuries are best evaluated by MRI. In this case, the injured worker's working diagnosis is left knee internal derangement. The date of injury is March 10, 2008. The request for authorization is dated June 2, 2015. A progress note dated May 28, 2015 states the injured worker subjectively has complaints of left knee pain 5/10. The injured worker had multiple knee surgeries including cruciate ligament tear by MRI and a medial collateral ligament tear. The injured worker also has patellar chondromalacia. There is no clinical documentation of an acute injury or trauma suggesting a fracture to warrant radiographs of the left knee. The treating provider requested an MRI that was, in turn, authorized. There is no clinical rationale in the medical record for radiographs of the left knee. Consequently, absent clinical documentation with the clinical rationale for radiographs, no documentation indicating acute trauma and knee MRI authorization approved, 3-view x-ray left knee (if not performed in provider's office) is not medically necessary.