

Case Number:	CM15-0118149		
Date Assigned:	06/26/2015	Date of Injury:	01/22/2010
Decision Date:	08/31/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/19/2015

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 68 year old male, who sustained an industrial injury on January 22, 2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post bilateral total knee replacements, right knee pain and swelling, lumbar and lumbosacral disc degenerative disc disease, and long term use of other medications. Treatment and diagnostic studies to date has included physical therapy, medication regimen, imaging of the right knee, and use of a cane. In a progress note dated June 06, 2014 the treating physician reports complaints of burning right knee pain, with swelling, pins, and needles to the medial and anterior region of the knee. Examination reveals mildly antalgic gait to the right lower extremity, positive effusion, tenderness to the iliotibial band, and decreased range of motion to the right knee. The treating physician noted imaging with a date unknown that was revealing for loose bodies to the medial aspect of the right knee. The treating physician requested an x-ray of the right knee, but the documentation provided did not indicate the specific reason for the requested study.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): Table 13-6.

Decision rationale: The request is for an x-ray of the right knee. The American College of Occupational and Environmental Medicine, section on Knee Complaints states that routine radiographic film is not recommended for most knee complaints or injuries. While the injured worker is status post total knee replacement, and may be considered at risk for failure of the total joint replacement, there is no clear documentation within the notes from the treating physician that would suggest instability or pain that would raise suspicion for failure. Without a clearer indication for the x-ray, it is not supported by the MTUS and is therefore not medically necessary.