

Case Number:	CM15-0123115		
Date Assigned:	07/14/2015	Date of Injury:	03/01/2008
Decision Date:	08/10/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/25/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old female with an industrial injury dated 03/01/2008. The injured worker's diagnoses include knee pain, joint pain-hand, shoulder, ankle and long-term use of NSAIDs. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/12/2015, the injured worker reported bilateral shoulder pain, bilateral knee pain, bilateral wrist pain and ankle pain. The injured worker rated pain a 3/10. Objective findings revealed pain with bilateral shoulder and wrist range of motion. Bilateral knee exam revealed crepitus and pain with flexion. Gait was noted to be slow and antalgic. The treating physician prescribed services for X-ray of the right and left knee now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg-Radiography (x-rays).

Decision rationale: X-ray of the right knee is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The ODG recommends X-rays of the knees for acute trauma; patellofemoral symptoms or as an initial exam for non-localized, non-trauma, non-tumor knee pain. The documentation is not clear that the patient is having a significant change in knee pain. There is only one progress note for review. There is no evidence of new trauma/injury or red flags. The physical exam findings are limited and the documentation indicates her knee pain symptoms began 6 years ago. It is unclear how the imaging will change her medical management therefore this request is not medically necessary. Non-traumatic knee pain, adult: non-trauma, non-tumor, non-localized pain mandatory minimal initial exam anteroposterior (standing or supine) & Lateral (routine or cross-table).

X-ray of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Radiography (x-rays).

Decision rationale: X-ray of the left knee is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The ODG recommends X-rays of the knees for acute trauma; patellofemoral symptoms or as an initial exam for non-localized, non-trauma, non-tumor knee pain. The documentation is not clear that the patient is having a significant change in knee pain. There is only one progress note for review. There is no evidence of new trauma/injury or red flags. The physical exam findings are limited and the documentation indicates her knee pain symptoms began 6 years ago. It is unclear how the imaging will change her medical management therefore this request is not medically necessary.