

Case Number:	CM15-0123620		
Date Assigned:	07/08/2015	Date of Injury:	01/14/2013
Decision Date:	08/07/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/26/2015

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: Arizona, Texas
 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:

The injured worker is a 47 year old female, who sustained an industrial injury on January 14, 2013. The injured worker reported a fall resulting in pain in the neck, back, bilateral shoulders, elbows, wrists, hands, hips and left knee. The injured worker was diagnosed as having cervical and lumbar disc bulge, thoracic spine, bilateral elbow, wrist/hand and hip strain and left knee internal derangement. Treatment to date has included pain medicine, internal medicine, surgical, gastrointestinal (GI) specialist and orthopedic consult and magnetic resonance imaging (MRI). A progress note dated May 20, 2015 provides the injured worker complains of neck, back, bilateral shoulders, elbows, wrists, hands, hips and left knee. She reports no new symptoms from previous visit. Physical exam notes sensation of the right thigh, right calf and lateral ankle are intact. The plan includes electromyogram, left knee scope, magnetic resonance imaging (MRI), x-rays and physical therapy.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg chapter, Radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-342.

Decision rationale: According to the ACOEM, the clinical parameters for ordering knee radiographs following trauma in this population are joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk or bear weight within a week of the injury, inability to flex the knee to 90 degree. In this case the patient has chronic knee pain. The documentation doesn't support that the patient has had a recent injury that would meet criteria for an x-ray. The physical exam does not specify that the patient is having an effusion or any tenderness or instability. The documentation doesn't support the medical necessity for a knee x-ray. The request is not medically necessary.