

Case Number:	CM15-0128381		
Date Assigned:	07/14/2015	Date of Injury:	01/15/2009
Decision Date:	08/13/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/02/2015

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:

This 53 year old male sustained an industrial injury to the right knee on 1/15/09. Previous treatment included total knee arthroplasty, physical therapy, bracing, home exercise and medications. In the most recent documentation submitted for review, dated 11/5/14, the injured worker complained of ongoing right knee stiffness and increased pain with prolonged standing or walking. The injured worker stated that he was unable to completely flex his knee. The injured worker also reported having difficulty bring his knee up to complete flexion when doing the elliptical machine or riding the stationary bicycle. The injured worker also complained of left knee pain due to over compensation. Physical exam was remarkable for right knee with restricted range of motion and tenderness to palpation along the medial and lateral joint lines and to the infrapatellar tendon and left knee with medial joint pain and tenderness to palpation, positive patellofemoral grind and positive McMurray's sign. Current diagnoses included status post right total knee arthroplasty, left knee arthrosis, left knee internal derangement and left plantar fasciitis. The treatment plan included weight loss, continuing home exercise and a possible left knee steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Rays right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for x-ray of the right 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. Within the documentation available for review, there is no current documentation identifying the patient's current symptoms/findings and addressing the medical necessity of knee x-rays in a patient with a total knee arthroplasty. In the absence of clarity regarding those issues, the currently requested x-ray of the right knee is not medically necessary.