

Case Number:	CM15-0176173		
Date Assigned:	09/17/2015	Date of Injury:	08/09/2007
Decision Date:	10/20/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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, California
 Certification(s)/Specialty: Family Practice

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 61 year old female, who sustained an industrial injury on 08-09-2007. She has reported subsequent neck, low back and lower extremity pain and was diagnosed with cervical and lumbar radiculopathy and bilateral knee pain. There was no documentation that showed that the injured worker had any imaging or diagnostic testing of the knee performed. Treatment to date has included oral pain medication, physical therapy and a home exercise program. In a progress note dated 02-17-2015, the physician reported that the patient had 70% improvement due to therapy with increased quality of life and improved ability to perform activities of daily living, however the injured worker's neck, low back and knee pain was rated as 8-9 out of 10 with and without medication and the injured worker reported limitations with activities of daily living due to pain. In a progress note dated 07-07-2015, the injured worker reported neck pain radiating down the bilateral upper extremities, low back pain radiating down the bilateral lower extremities and bilateral knee pain. The pain was rated as 8 out of 10 on average both with and without medications and was noted to be unchanged since the last visit. Objective examination findings of the lower extremities showed tenderness to palpation at the bilateral knees with decreased range of motion of the lower extremities due to pain and painful range of motion. The injured worker was noted to be off work. A request for authorization of right knee x-ray and left knee x-ray was submitted. The requests for right and left knee x-ray were non-certified as per utilization review dated 08-11-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic) - Radiography (x-rays).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: In this case, the claimant had chronic bilateral knee pain with reduced range of motion. There were no red flag symptoms or prior imaging. The guidelines recommend x-rays for red flag findings. Although, there was no recent injury, the continued pain warrants x-rays to evaluate for any bone pathology. The request for a right knee x-ray is appropriate and necessary.

Left knee x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic) - Radiography (x-rays).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: In this case, the claimant had chronic bilateral knee pain with reduced range of motion. There were no red flag symptoms or prior imaging. The guidelines recommend x-rays for red flag findings. Although, there was no recent injury, the continued pain warrants x-rays to evaluate for any bone pathology. The request for a right knee x-ray is appropriate and necessary.