MAXIMUS Federal Services

Case Number:	CM15-0063765		
Date Assigned:	04/09/2015	Date of Injury:	10/28/1997
Decision Date:	05/18/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/03/2015

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

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 76 year old male, who sustained an industrial injury on 10/28/1997. The mechanism of injury was not noted. The injured worker was diagnosed as having left knee arthroscopy in 1998 and degenerative joint disease of the left knee. Treatment to date has included medications and home exercises. Currently, the injured worker complains of ongoing left knee discomfort and weakness, rated 3-4 with medication use. He was taking Tylenol #3 twice daily to improve his functional level. His height was 5'10" and his weight was 221 pounds. Physical exam noted a stable left knee. Prior imaging was not submitted. The treatment plan included radiographs of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray 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 (ODG)-knee and leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter, Radiography.

Decision rationale: The patient was injured on 10/28/1997 and presents with left knee pain. The request is for an x-ray of the left knee. There is no RFA provided and the patient is permanent and stationary. The utilization Review denial rationale is that "the claimant's diagnosis is already well established as degenerative joint disease with no indication of increased symptoms or change in treatment course of care. While interval radiographs are being recommended, there appears to be no indication as to how plain film radiographs will change this individual's course of care given his well established diagnoses of degenerative joint arthrosis with stable symptoms at last clinical assessment." Review of the reports provided does not indicate if the patient has had a prior x-ray of the left knee. Regarding x-ray of the knee, ODG Guidelines Knee & Leg Chapter under Radiography states "if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence." The patient is diagnosed with degenerative joint disease of the left knee. There is tenderness to palpation of the patellofemoral and medial joint line of the left knee, range of motion is 0-125 degrees, there is crepitus with range of motion, and patellar compression is positive. The treating physician has not provided a reason for the request. Although the patient is greater than 55 years old, examination findings do not discuss any of the positive Ottawa knee criteria that are indicated by ODG Guidelines. Therefore, the requested x-ray of the left knee is not medically necessary.