

Case Number:	CM15-0067511		
Date Assigned:	04/15/2015	Date of Injury:	08/12/2014
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 39-year-old who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of August 12, 2014. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve a request for plain film imaging of the left knee. 12 sessions of physical therapy and tramadol, conversely, were approved. A RFA from received on March 25, 2015 and a progress note of January 20, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated February 20, 2015, the applicant was placed off of work, on total temporary disability. Ongoing complaints of knee, elbow, and low back pain were reported. It was suggested that the applicant has had prior knee arthroscopy procedure. Physical therapy, MRI imaging of the lumbar spine, and x-rays of the elbow were endorsed while Naprosyn and Neurontin were seemingly prescribed. The note was handwritten, sparse, thinly developed, and very difficult to follow. There was no seeming mention of the need for knee x-ray imaging. In a Doctor's First Report (DFR) dated January 27, 2015, the applicant reported complaints of elbow, knee, and low back pain. The applicant was status post earlier knee arthroscopy, it was acknowledged. Residual patellofemoral arthralgia was reported. Ultram was endorsed, as were physical therapy and Neurontin. Radiographs of the knee were also ordered and, per the treating provider, were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiograph of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: No, the request for x-ray imaging of the knee was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in the ACOEM Chapter 13, Table 13-6, page 347, the routine usage of radiographic films for most recent knee complaints or injury is deemed "not recommended." Here, the attending provider did in fact seemingly ordered radiographic studies of the knee, low back, and elbow, on routine basis, with no clearly intention of acting on the results of the same. Said x-rays of the knee, moreover, per progress notes of January 20, 2015, were normal. The knee x-rays, thus, did not influence or alter the treatment plan. The attending provider did not furnish a rationale for knee x-ray imaging. It was not stated what was sought. It was not stated what was suspected. Therefore, the request was not medically necessary.