

Case Number:	CM15-0077814		
Date Assigned:	04/29/2015	Date of Injury:	01/23/2012
Decision Date:	05/26/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/23/2015

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:

The injured worker is a 53 year old male, who sustained an industrial injury on 1/23/2012. The current diagnoses are right knee sprain/strain and possible internal derangement of the right knee. According to the progress report dated 3/10/2015, the injured worker complains of constant right knee pain. The pain is rated 3-10/10 on a subjective pain scale. The current medications are listed as "none". Treatment to date has included medication management, modified work, knee bracing, MRI studies, physical therapy, home exercise program, and cortisone injection. The plan of care includes standing and sunrise view of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Standing and sunrise view right knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Radiographs.

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 effusion 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 degrees. 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 effusion 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 degrees. ODG contains criteria for x-ray of the knee in the presence of non-traumatic knee pain with patellofemoral pain or nonspecific pain. Within the documentation available for review, it appears the patient has undergone an x-ray previously. There is no indication as to how the patient's symptoms have changed or worsened since the time of the previous radiograph. Additionally, there is no indication that the current treating physician has reviewed those x-rays prior to requesting a repeat imaging study. Finally, it is unclear how the currently requested x-ray will affect the patient's treatment plan. In the absence of clarity regarding those issues, the currently requested repeat x-ray of the right knee is not medically necessary. ODG contains criteria for x-ray of the knee in the presence of non-traumatic knee pain with patellofemoral pain or nonspecific pain. Within the documentation available for review, it is clear the patient is having substantial knee pain despite conservative treatment. Evaluation of the patellofemoral joint by using a sunrise view would be a reasonable next treatment step. Therefore, the currently requested x-ray is medically necessary.