

Case Number:	CM15-0078898		
Date Assigned:	04/30/2015	Date of Injury:	01/14/2011
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/24/2015

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: 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:

This 45 year old male sustained an industrial injury to the right knee on 1/14/11. Previous treatment included magnetic resonance imaging, right total knee arthroplasty (7/7/14), physical therapy and medications. In a PR-2 dated 3/11/15, the injured worker complained of some pain to the right knee and a return of right low back pain associated with numbness in the left leg. Current diagnoses included knee degenerative joint disease, knee pain, low back pain and lumbar stenosis. The treatment plan included repeat requests for physical therapy, magnetic resonance imaging lumbar spine and a referral for spine consultation, a prescription for Nucynta and right knee x-rays. The physician noted that the injured worker needed current x-rays for follow-up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Rays of the Right Knee, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360.

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

Decision rationale: Physical exam failed to reveal any evidence of joint effusion, swelling, ecchymosis, deformity, increased warmth, or abrasion/laceration. The findings documented on the chart note failed to meet the minimum criteria stated in the Official Disability Guidelines for x-ray imaging of the knee. X-Rays of the Right Knee, as an outpatient is not medically necessary.