

<b>Case Number:</b>	CM15-0093054		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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, 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 65 year old male who sustained an industrial injury on January 22, 2010. He has reported right knee pain and has been diagnosed with Persistent right knee pain, status post arthroscopic surgery followed by right total knee replacement in 2001, now has limited range of motion, generalized swelling, signs of mediolateral instability with valgus deformity and bone scan showing knee instability. Treatment has included medications, medical imaging, surgery, injections, physical therapy, a home exercise program, and modified work duty. Examination noted a severely antalgic gait pattern favoring the right lower extremity. Knee exam on 2/26/15 revealed moderate right knee generalized swelling. There was a healed anterior surgical incision. Range of motion of the right knee was reduced. There was moderate to severe medial joint line tenderness and with patellar grinding. There was a clicking with passive range of motion. There is a mild to moderate mediolateral instability on valgus stress. The treatment request included AP and lateral X-rays of the bilateral knees. The patient sustained the injury due to fall. Patient has received an unspecified number of PT visits for this injury. The medication list includes Norco, Clonidine, Trepadone and Gabapentin. The patient has had X- ray of the right knee on 3/7/13 and on 7/22/14 that revealed post op changes. A recent detailed physical examination of the left knee was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AP and lateral x-rays of the bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 343; 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 05/05/15) Radiography (x-rays).

**Decision rationale:** Request: AP and lateral x-rays of the bilateral knees. Per the cited guidelines, the clinical parameters for ordering knee radiographs following trauma in this population are; joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk (four steps) or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. The patient has had X-ray of the right knee on 3/7/13 and on 7/22/14 that revealed post op changes. A recent detailed physical examination of the LEFT knee was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. The medical necessity of the request for AP and lateral x-rays of BILATERAL knees (including the LEFT knee), is not fully established for this patient. Therefore the request is not medically necessary.