

Case Number:	CM15-0106655		
Date Assigned:	06/11/2015	Date of Injury:	06/02/2014
Decision Date:	10/02/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/03/2015

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: Indiana

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 injured worker is a 60-year-old male, who sustained an industrial injury on 6/2/2014. He reported left knee pain due to repetitive motion and also back, neck and wrist pain. Diagnoses have included left knee sprain/strain, bilateral wrist/hand sprain/strain, lumbar sprain/strain and cervical sprain/strain. Treatment to date was not documented. According to the progress report dated 4/7/2015, the injured worker complained of constant pain in both knees. He walked with a limp and reported giving way episodes. He complained of intermittent pain in his low back. He complained of bilateral elbow pain along with numbness and tingling of all fingers of both hands. Physical exam revealed right lateral epicondylar tenderness, diffuse wrist tenderness and midline tenderness of the cervical spine. There was guarding bilateral paravertebral palpable tenderness. There was lateral and medial patella facet palpable tenderness. Authorization was requested for retrospective x-rays of the cervical spine, left elbow, right elbow, lumbar spine, pelvis, right knee and left knee (date of service 4/7/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective cervical spine x-rays performed 7 views with a DOS of 4/7/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: Per the ACOEM guidelines regarding cervical radiographs; "Initial studies (are recommended) when red flags for fracture or neurological deficit associated with acute trauma, tumor, or infection are present" routine studies are not recommended "in the absence of red flags". ACOEM also notes that "Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise". (American College of Surgeons) Advanced Trauma and Life Support: A Manual for Instructors. Chicago: ACS; 1993. None of which are noted in the available record concerning this patient. As such, the request for X-rays cervical spine is not medically necessary.

Retrospective left elbow x-rays performed 2 views with a DOS of 4/7/2015: 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), Elbow Chapter, pages 33-34.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow; Radiographs.

Decision rationale: ODG states the following regarding X-rays: "Recommended as indicated below. Radiographs are required before other imaging studies and may be diagnostic for osteochondral fracture, osteochondritis dissecans, and osteocartilaginous intra-articular body. (ACR, 2001) Those patients with normal extension, flexion and supination do not require emergent elbow radiographs." MTUS states, "X-rays only for those with red flag conditions". The employee does not meet the criteria for an elbow X-ray. Therefore, the request is not medically necessary.

Retrospective right elbow x-rays performed 2 views with a DOS of 4/7/2015: 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), Elbow Chapter, pages 33-34.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow; Radiographs.

Decision rationale: ODG states the following regarding X-rays: "Recommended as indicated below. Radiographs are required before other imaging studies and may be diagnostic for osteochondral fracture, osteochondritis dissecans, and osteocartilaginous intra-articular body. (ACR, 2001) Those patients with normal extension, flexion and supination do not require emergent elbow radiographs." MTUS states, "X-rays only for those with red flag conditions". The employee does not meet the criteria for an elbow X-ray. Therefore, the request is not medically necessary.

Retrospective lumbar spine x-rays performed 5 views with a DOS of 4/7/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

Decision rationale: ACOEM and ODG both agree that "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks". The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags for serious spinal pathology or other findings suggestive of the pathologies outlined in the ODG guidelines. ODG additionally states that "it may be appropriate when the physician believes it would aid in patient management". The treating physician also does not indicate how the x-ray would "aid in patient management". ODG further specifies other indications for imaging with Plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit. Thoracic spine trauma: with neurological deficit. Lumbar spine trauma (a serious bodily injury): pain, tenderness. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture. Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70Uncomplicated low back pain, suspicion of cancer, infection. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, painful. Myelopathy, sudden onset. Myelopathy, infectious disease patient. Myelopathy, oncology patient. Post-surgery: evaluate status of fusion. The treating physician does not indicate any concerns for the above ODG pathologies. As such, the request for X-Ray of the lumbar spine is not medically necessary.

Retrospective pelvis x-ray performed 1 view with a DOS of 4/7/2015: 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), Hip and Pelvis Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 295-303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, X-Ray.

Decision rationale: ACOEM states "A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas". ODG states "Recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis". The treating physician provided no evidence of red flag diagnosis, re-injury, or a new severe injury. In addition, the treating physician did not provided detailed exam findings of the Pelvis and hip. As such, the request for X-ray of the pelvis is not medically necessary.

Retrospective right knee x-rays performed 4 views with a DOS of 4/7/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Radiography.

Decision rationale: ACOEM states regarding knee evaluations, The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: Patient is able to walk without a limp. Patient had a twisting injury and there is no effusion. 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. Inability to flex knee to 90 degrees. ODG states regarding radiograph of knee and leg, "Recommended. In a primary care setting, 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". And further clarifies indications for imaging X-rays: Acute trauma to the knee, fall or twisting injury, with one or more of following: focal tenderness, effusion, inability to bear weight first study. Acute trauma to the knee, injury to knee 2 days ago, mechanism unknown focal patellar tenderness, effusion, able to walk. Acute trauma to the knee, significant trauma (e.g., motor vehicle accident), suspect posterior knee dislocation. Non- traumatic knee pain, child or adolescent. Non-patellofemoral symptoms, mandatory minimal initial exam, anteroposterior (standing or supine) & Lateral (routine or cross-table). Non- traumatic knee pain, child or adult: patellofemoral (anterior) symptoms, mandatory minimal initial exam, anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view. Non-traumatic knee pain, adult: non-trauma, non-tumor, non-localized pain mandatory minimal initial exam, anteroposterior (standing or supine) & Lateral (routine or cross- table). The medical documentation does not provide adequate documentation of any of the red flag indications above. Therefore, the request is not medically necessary.

Retrospective left right knee x-rays performed 4 views with a DOS of 4/7/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Radiography.

Decision rationale: ACOEM states regarding knee evaluations, The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: Patient is able to walk without a limp. Patient had a twisting injury and there is no effusion. 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. Inability to flex knee to 90 degrees. ODG states regarding radiograph of knee and leg, "Recommended. In a primary care setting, 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". And further clarifies indications for imaging X-rays: Acute trauma to the knee, fall or twisting injury, with one or more of following: focal tenderness, effusion, inability to bear weight first study. Acute trauma to the knee, injury to knee > 2 days ago, mechanism unknown focal patellar tenderness, effusion, able to walk. Acute trauma to the knee, significant trauma (e.g., motor vehicle accident), suspect posterior knee dislocation. Non- traumatic knee pain, child or adolescent - non-patellofemoral symptoms, mandatory minimal initial exam, anteroposterior (standing or supine) & Lateral (routine or cross-table). Non- traumatic knee pain, child or adult: patellofemoral (anterior) symptoms, mandatory minimal initial exam, anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view. Non-traumatic knee pain, adult: non-trauma, non-tumor, non-localized pain mandatory minimal initial exam, anteroposterior (standing or supine) & Lateral (routine or cross- table). The medical documentation does not provide adequate documentation of any of the red flag indications above. Therefore, the request is not medically necessary.