MAXIMUS Federal Services

Case Number:	CM13-0001358		
Date Assigned:	11/08/2013	Date of Injury:	07/26/2012
Decision Date:	09/11/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [redacted] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier medial and lateral meniscectomy surgery; unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 8, 2013, the claims administrator denied a request for CT imaging of the knee, invoking non-MTUS ODG Guidelines. The claims administrator cited guidelines on usage of CT scanning following total knee arthroplasty despite the fact that this was not seemingly the issue at hand. The applicant's attorney subsequently appealed. In an April 23, 2013 consultation, the applicant reported persistent complaints of knee pain. The applicant was described as having both a tibial plateau fracture and a torn meniscus at an earlier point in time. Persistent complaints of knee pain following the meniscectomy surgery were reported, including weakness, giving way, swelling, and stiffness. Palpable crepitation, painful grinding, and medial joint line tenderness were appreciated. The applicant stood 5 feet 7 inches tall and weighed 215 pounds. The attending provider suggested a CT scan to determine the extent of depression of the applicant's lateral plateau fracture. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAT SCAN OF LATERAL PLATEAU, RIGHT KNEE: Overturned

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): Algorithm 13-1, page 348.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 13, Table 13-1, page 348, repeat plain film radiographs and/or spiral CT imaging are endorsed in applicants in whom red flags or fracture and/or dislocation are evident or suspected. In this case, the attending provider has posited that the applicant may have new or recurrent tibial plateau fracture which has resulted in the applicant's delayed recovery from earlier failed meniscectomy surgery. Obtaining CT imaging of the body part in question to establish the presence or absence of the same is indicated. Therefore, the request is medically necessary.