

Case Number:	CM13-0017254		
Date Assigned:	07/02/2014	Date of Injury:	12/01/2012
Decision Date:	08/08/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/27/2013

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 bilateral knee pain reportedly associated with an industrial injury of December 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In Utilization Review Report dated July 31, 2013, the claims administrator approved a CT scan of the right knee and denied a CT scan of the left knee. Both Chapter 13 ACOEM Guidelines and non-MTUS ODG Guidelines were cited. The applicant's attorney subsequently appealed. In a progress note dated September 19, 2013, the applicant presented with persistent right knee pain and instability. The applicant was using Naprosyn and tramadol for pain relief. Tracking of the patella and crepitation were appreciated on exam. The applicant was given a diagnosis of recurrent patellar subluxation of the left knee. Naprosyn and Ultram were requested. The applicant was placed off of work, on total temporary disability. On January 21, 2014, it was again stated that the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Computed tomography (CT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-5, page 343.

Decision rationale: As noted in the MTUS ACOEM Guidelines in Chapter 13, Table 13-5, CT scanning is scored 0 out of 4 in its ability to identify and define suspected patellofemoral syndrome, the issue reportedly present here. In this case, no rationale for selection of CT scanning as an imaging modality was provided. It was not clearly stated why CT scanning was being employed as the study of choice here. It is further noted that there were little or no complaints of left knee pain appreciated on several recent progress notes, referenced above. It is unclear what is precisely suspected insofar as the left knee is concerned. For all of the stated reasons, then the request is not medically necessary.