

Case Number:	CM13-0033116		
Date Assigned:	12/06/2013	Date of Injury:	10/21/2004
Decision Date:	02/04/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in North Carolina. 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 physician 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 patient is a female with complaints of bilateral knee pain that is made worse by standing on the jobsite. The injury date to her right knee is noted to be 10/21/2004. A progress note from [REDACTED] from 08/06/2013 notes "the leg alignment is straight in stance phase. The right knee is tender on the medial side with slight varus deformity and bone protuberance, which is slightly warm. There is range of motion 0 to 115 degrees with mild medial opening but no effusion." Standing x-rays revealed the right knee to have "severe narrowing of the lateral compartment and patellofemoral joint. The impression was osteoarthritis 3 compartments left knee and medial compartment of the right knee. The plan was for joint arthroplasty of the right knee first. Another progress note dated 09/23/2013 notes the plan to be "the patient is being prepared for partial knee replacement of the medial compartment but also will get a CT scan to do the MyKnee protocol for the patient specific instrumentation in case she needs a total knee replacement. The proposed surgery is a computer assisted arthroplasty for which a pre-op CT may be utilized but is not routine. A utilization review dated 09/03/2013 rendered a decision that the CT scan was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

A CT scan of the lower extremity without contrast: 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), Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, CT scans

Decision rationale: The California MTUS does not address this issue specifically so the ODG were used instead. Per the ODG, CT scans of the knee are recommended " as an option for pain after TKA with negative radiographs for loosening hardware. " There is also indication for CT scan of the knee in patients with painful knee prostheses and equivocal radiographs, particularly for: (1) Loosening: to show the extent and width of lucent zones that may be less apparent on radiographs (2) Osteolysis: CT is superior to radiographs for this diagnosis, recommend Ct scan be obtained in patients with painful knee prostheses with normal or equivocal radiographs and increased uptake on all three phases of a bone scan for osteolysis (3) Assessing rotational alignment of the femoral component (4) Detecting subtle or occult periprosthetic fractures There is no clinical evidence or guidelines to support for pre-operative CT scan for patient specific instrumentation or 3-D CT as routine prior to this procedure. The physician does not list any clinical information or justification of the procedure in the progress notes but rather as part of his protocol.