

Case Number:	CM13-0035763		
Date Assigned:	06/11/2014	Date of Injury:	12/16/2011
Decision Date:	08/06/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 December 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier knee arthroscopy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 3, 2013, the claims administrator denied a request for CT scanning of the knee, citing non-MTUS ODG Guidelines in its denial. The applicant's attorney subsequently appealed. In January 3, 2013 progress note, the applicant was described as having a history of hypertension, rheumatoid arthritis, and asthma. The applicant had persistent complaints of knee pain, it was acknowledged, despite usage of an unloader brace. MRI imaging apparently demonstrated mild-to-moderate medial joint space loss about the left knee with MRI imaging of left knee apparently demonstrating advanced medial compartmental osteoarthritis of the knee. The applicant was asked to continue an unloader brace and employ Synvisc injections. In a progress note of July 31, 2013, the applicant was described as working regular duty as an operator at [REDACTED]. It was again stated that the applicant carried diagnosis of left knee arthritis. The applicant was ambulating with a mild limp. On June 13, 2013, the applicant was declared permanent and stationary with a 9% whole-person impairment rating, based on joint space narrowing associated with knee arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTED TOMOGRAPHY (CT) OF THE LEFT KNEE WITHOUT CONTRAST

MATERIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 13, Table 13-5, CT scanning is scored 0 out of 4 in the ability to identify and define several diagnoses, including meniscal tear, ligament, ligament strain, patellofemoral syndrome, tendinitis, prepatellar bursitis, and regional pain. Based on the point scale system suggested in Chapter 13, Table 13-5, CT imaging is not the study of choice for soft tissue insults. In this case, however, no clear rationale for the study in question was provided. The applicant, based on the documentation on file, carries a diagnosis of fairly advanced left knee arthritis clinically evident and confirmed on both plain films of the knee and MRI imaging of the knee. It is not clear what role CT scanning of the knee would serve in this context, given the fact that the applicant already has a clinically evident, radiographically confirmed diagnosis of knee arthritis already present here. Therefore, the request is not medically necessary.