

Case Number:	CM13-0039503		
Date Assigned:	12/20/2013	Date of Injury:	05/19/2011
Decision Date:	03/05/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/28/2013

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 Neurology, has a subspecialty in Neuromuscular 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 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 53 year old man who developed with a work related injury on May 19, 2011. He subsequently developed but right knee pain. The patient was reported to have right knee replacement on October 2012. According to the note of September 17, 2013, the patient complained of right knee pain. The pain severity was between 2-8/10. The patient reported to shoulder pain bilaterally radiating to both hands. His pain was worse during walking and laying down as well as standing and relieved by sitting down. Physical examination demonstrated diffuse right knee tenderness with reduced range of motion. The patient was diagnosed with the right knee sprain, meniscus medial tear, chronic pain syndrome and shoulder pain. The patient was treated with the Ibuprofen, Tricor, oxycodone and physical therapy. The provider requested to authorization for right knee CT scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1019-1020.

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

Decision rationale: According to MTUS guidelines, CT scans have a low ability to identify knee pathology and should not be recommended for this patient. Therefore, a CT scan of right knee is not medically necessary