

Case Number:	CM13-0049459		
Date Assigned:	12/27/2013	Date of Injury:	05/03/2002
Decision Date:	04/18/2014	UR Denial Date:	09/26/2013
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 Orthopedic Surgery, 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 patient is a 63 year old female who was injured on 05/03/02. The mechanism of injury was not provided. Prior treatment history has included cortisone injections, medication, and viscosupplementation. An office visit dated 08/08/2013 indicated on objective findings, the patient had pain along the anterior and the medial joint line of her right knee. She had good range of motion. Her skin was intact. X-ray showed she had medial joint line bone on bone with osteophytes. The patient tried two arthroscopies of her knee. She has had cortisone shots but she did not like that and it reportedly did not help. She needed a unicompartmental knee replacement. An office visit dated 01/11/2013 documented the patient to have complaints of pain especially in the medial aspect of her right knee. Objective findings on exam revealed tenderness along the medial joint line and perhaps trace effusion. X-ray evidence of bone on bone in the medial compartment. At some point in the future, the patient is going to need a knee replacement. She was taking Vicodin on an occasional basis. The patient stated that she would try to wean herself off the medication as that is the recommendation. She is to follow up in 6 months. Office visit dated 08/20/2012 documented the patient to have complaints of right knee pain. She has had previous viscosupplementation as well as cortisone injections. Objective findings on exam revealed pain mainly along the medial joint line with varus alignment; sensation seems intact. She has full extension, flexes to about 110 degrees. X-rays show degenerative arthritis with bone on bone in the medial compartment. The plan is that the patient will continue conservative management. She was taking Vicodin for the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAT SCAN RIGHT KNEE WITHOUT CONTRAST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG KNEE, COMPUTED TOMOGRAPHY (CT))

Decision rationale: According to the ODG, CT is recommended as an option for pain after total knee arthroplasty (TKA) with negative radiograph for loosening. One study recommends using computed tomography examination in patients with painful knee prostheses and equivocal radiographs, particularly to show the extent and width of lucent zones that may be less apparent on radiographs. The medical records document the patient has right knee pain mainly on medial aspect with full extension and flexion of 110 degrees. In a report dated 8/8/2013 there was a comment that an X-ray showed bone on bone with osteophytes. In the absence of a documented previous TKA, the request is not medically necessary and appropriate according to the guidelines.