

Case Number:	CM13-0051007		
Date Assigned:	12/27/2013	Date of Injury:	04/16/2003
Decision Date:	05/08/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/13/2013

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 hip, low back, knee pain, and knee arthritis reportedly associated with an industrial injury of April 16, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; muscle relaxants; chiropractic manipulative therapy; total knee arthroplasty; and epidural steroid injection therapy for low back pain. In a utilization review report of October 30, 2013, the claims administrator denied a request for CT imaging of the left knee. In a progress note of October 4, 2013, the applicant is described as status post right total hip arthroplasty and left total knee arthroplasty. The applicant also reports persistent low back pain issues. Well-preserved left knee range of motion is noted. X-rays of the left knee demonstrate total knee arthroplasty without evidence of loosening. It is further stated that the applicant's left knee is worsening. The attending provider states that he believes there are elements of maltracking on x-rays and exam and that a CT scan of the left knee would help to assess the integrity, specifically the rotation, of the total knee prosthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT OF THE LEFT KNEE: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=32606>

Decision rationale: The MTUS Guidelines do not address the need for imaging following a total knee arthroplasty procedure. As noted by the American College of Radiology (ACR), CT imaging of the knee without contrast is the recommended next study (after plain film radiography) to further work up individuals with pain after a total knee arthroplasty. In this case, it is further noted that the attending provider has seemingly posited that the claimant has evidence of loosening noted on recent x-rays of the left knee. A CT scan of the knee to definitively determine whether or not there is evidence of malpositioning, malrotation, loosening, etc. of the prosthesis is indicated, appropriate, and supported by the American College of Radiology. Therefore, the request is medically necessary and appropriate.