

<b>Case Number:</b>	CM13-0058031		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/02/2001
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 claimant is a 66-year-old gentleman who injured his left knee on October 2, 2001. The clinical records available for review document 11 prior left knee procedures, including arthroplasty, excisional arthroplasty for infection, and reimplementation. A November 18, 2013 follow-up note, documented continued complaints related to the shoulder, low back, and left knee. The objective findings in the lower extremity include pain and spasm, with flexion and extension of 15 to 100 degrees. No other pertinent findings were referenced, nor was there documentation of conservative care for the knee, except that the claimant was status post left knee arthroplasty. The records also document low back pain, with examination findings of global diminished strength in a non-dermatomal fashion, with diminished L4-5 and L5-S1 sensation. The claimant was diagnosed with a lumbar herniated disc with spondylosis. The clinical records do not reference imaging studies. This request is for a computerized tomography (CT) scan of the left knee, a referral to a spine specialist, and an orthopedic evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) COMPUTERIZED TOMOGRAPHY (CT) SCAN OF THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMPENSATION, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - COMPUTED TOMOGRAPHY (CT).

**Decision rationale:** The Official Disability Guidelines indicate that computerized tomography (CT) is recommended as an option for pain after a total knee arthroplasty (TKA), with negative radiograph for loosening. Although the claimant's records document a lengthy and problematic history of left knee issues, there is no documentation of physical examination findings, or significant change symptoms that would necessitate a CT scan. Thus, this request would not be medically indicated.

**ONE (1) REFERRAL TO A SPINE SPECIALIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289, 296, 305, AND 306.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION (2004), CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, PAGE 127.

**Decision rationale:** he ACOEM Guidelines indicate that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The records indicate global weakness and significant lower extremity injuries to the knee. The reviewed records do not document imaging studies of the back or a significant change in the claimant's back symptoms, which would indicate the need for a surgical consultation. This, coupled with the absence of documentation of conservative measures, would not support the request for evaluation by a spine surgeon as medically necessary.

**ONE (1) ORTHOPEDIC EVALUATION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330, 339, AND 334.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE: OFFICE VISITS.

**Decision rationale:** The Official Disability Guidelines indicate that office visits are determined to be medically necessary. The Guidelines also indicate that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The claimant's records reflect a complex history of issues in the left knee, along with underlying complaints of low back and shoulder pain. The requested orthopedic evaluation, particularly for assessment of the claimant's left knee, would be medically indicated.