

<b>Case Number:</b>	CM13-0060880		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/29/2007
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Arizona. 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:

This patient is a 46-year-old female with date of injury on 10/29/07. The patient suffered an injury to the right knee when she fell over a box. She continued to complain of frequent pain in the right knee and was diagnosed with osteoarthritis of the knee. She underwent extensive conservative management which included the use of anti-inflammatory medications, activity modification and physical therapy. Adequate improvement did not occur, therefore, she underwent right knee arthroscopy and medial meniscectomy on 2/9/10. The pain in the knee joints never completely improved and she continued to experience limitations in walking; both knee joints remained painful but right more than left. It appears that she also remained quite anxious and depressed due to several factors, described by the psychologist in the medical records. Because of persisting problem with the right knee, her physician recommended total knee arthroplasty in October, 2013. She was felt to have end-stage degenerative changes in the medial compartment of the right knee with moderate and frequent pain. This was based on clinical findings as well as x-ray. This particular surgeon utilized patient specific implant, therefore CT scan of the knee joint was recommended to be followed by knee arthroplasty as inpatient. The medical reviewer did not certify the need for surgical intervention. The patient had not undergone adequate conservative management and no new imaging such as MRI of the knee joint was performed. He did certify the need for MRI scan to establish proper diagnosis. Therefore preoperative CT scan was not felt to be necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT SCAN RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, 2008, Knee Complaints, pages 1019-1020.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 329-346.

**Decision rationale:** Since the right total knee arthroplasty decided in MAXIMUS case CM13-0053855 is not medically necessary, none of the associated services, including the requested CT of the right knee, are medically necessary at this time.