

Case Number:	CM13-0067058		
Date Assigned:	01/03/2014	Date of Injury:	01/13/2002
Decision Date:	06/04/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Orthopaedic Surgery, has a subspecialty in Hand 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:

There is a November 28, 2012 progress note indicating permanent stationary status for this injured worker. The diagnosis is status post right total knee replacement arthroplasty and degenerative joint disease of left knee. Electrodiagnostic studies were completed in December, 2012. The January 6, 2014 progress note indicates ongoing complaints of bilateral knee pain and low back pain. The pain level is graded at 7/10. Analgesic medications are being employed with easily good results. The clinical assessment is status post right total knee arthroplasty, the degenerative joint disease left knee, herniated nucleus pulposus lumbar spine. A urine drug screening assessment was sought. Left knee films were obtained in December, 2013 noted mild narrowing of the medial compartment, no fractures, dislocations or other acute abnormalities. A right knee arthroplasty is in position and a normal alignment. A CT scan of the right knee was completed on the same dated December. The arthroplasty is in satisfactory position in alignment. No loose bodies are noted and there is no obvious loosening of the apparatus.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE CT SCAN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, CT scan.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341.

Decision rationale: A right knee CT scan was completed in December, a normal study is noted, and there is nothing on the progress note presented for review to suggest the need for an additional imaging study. Knee Complaints Chapter ACOEM Practice Guidelines. Therefore, this request is not medically necessary.