

<b>Case Number:</b>	CM14-0000272		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	07/23/2011
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 is a 24-year-old female who was injured in a work related accident July 23, 2011. Records include prior surgical processes to have included an anterior cruciate ligament reconstruction. Since the time of surgery, there was a secondary recent procedure of August 14 2013 in form of allograft grafting of both the femur and tibia secondary to "existing bone cysts." Follow up visit of October 15 2013 states continued weakness and complaints of instability with physical examination showing 0 to 130 degrees of range of motion with good quadriceps function, good well healed incisions and no effusions. Radiographs reviewed at that place demonstrated graft placement of the femur and tibia to be with "good signs of early incorporation." A CT scan of the knee was recommended at four months to assess the status of her graft in preparation of a repeat ACL reconstructive ACL procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT SCAN OF THE LEFT KNEE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation OFFICIAL DISABILITY

GUIDELINES (ODG)--TREATMENT IN WORKERS COMP (TWC), 18TH EDITION, 2013  
UPDATES: KNEE PROCEDURE.

**Decision rationale:** The California MTUS guidelines indicate that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. When looking at the Official Disability Guidelines, the role of CT scan in this case would be indicated. Specific request in this case was looking for incorporation of bone graft procedure to determine need for potential ACL reconstruction. While guideline criteria recommend the role of CT imaging in the setting of total joint arthroplasty, the exception in this case would appear warranted given the complex nature of the employee's prior surgical process with potential need for further intervention in regard to stabilization procedure.