

Case Number:	CM14-0106238		
Date Assigned:	07/30/2014	Date of Injury:	05/03/2002
Decision Date:	10/03/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/09/2014

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 Emergency Medicine, is Fellowship Trained in Emergency Medical Services, and is licensed to practice in Texas. 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 injured worker is a 64-year-old female who reported an injury on 05/03/2002. The mechanism of injury was not specified. Her diagnosis is listed as osteoarthritis of the knee. X-rays performed on an unknown date showed she had bone on bone in the medial compartment, and she had an osteophyte medially. She had a knee arthroscopy which showed loss of cartilage on the medial aspect of her knee. Her treatment has included cortisone injections, visco-supplementation, and a self-directed exercise program. The note from 04/17/2014 showed the injured worker had recurrent pain, swelling, and giving away of her right knee that was getting worse. The physical examination revealed full extension, flexion past 90 degrees, and pain directly over the medial joint space. It was noted that she had failed all other conservative management, include arthroscopy twice. Her medications included Vicodin, and she had taken anti-inflammatories in the past. The treatment plan was for a CT scan of the right knee without contrast. The rationale for the request was not given. The request for authorization form was submitted on 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the right knee without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, Knee & Leg (updated 06/05/14), Computed tomography (CT)

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), Knee, Computed Tomography (CT).

Decision rationale: Based on the clinical information submitted for review, the request for a CT scan of the right knee without contrast is not medically necessary. The California MTUS/ACOEM Guidelines state reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that, being present before symptoms began, has no temporal association with the current symptoms. As stated in the Official Disability Guidelines, computed tomography (CT) is recommended as an option for pain after total knee arthroplasty with negative radiograph for loosening. The injured worker was status post knee arthroscopy. She complained of recurrent pain, swelling, and giving away of her right knee and was getting worse. X-rays obtained on an unspecified date showed she had bone on bone in the medial compartment and she had an osteophyte medially. As indicated in the guidelines, a computed tomography scan is indicated after total knee arthroplasty with negative radiography for loosening; however, there was insufficient documentation provided that presented evidence of loosening. There was a lack of clinical findings and details as to the rationale for the request. In addition, the surgical history, exam findings, and x-rays submitted for review do not clearly identify which knee is being discussed. As such, the request for a CT scan of the right knee without contrast is not medically necessary.