

<b>Case Number:</b>	CM14-0013510		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	01/09/2009
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational Medicine 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:

Patient is a 57-year-old female who has submitted a claim for painful right total knee arthroplasty, left knee osteoarthritis, and major depressive disorder associated with an industrial injury date of 01/09/2008. Medical records from 2013 to 2014 were reviewed. Patient complained of right knee pain. Physical examination of the right knee showed crepitation, with painful range of motion to 120 degrees of flexion. Knee was stable to varus and valgus stress. Gait was antalgic. X-rays of the right knee demonstrated possible malrotation of the components. Triple phase bone scan demonstrated normal findings in the right knee. Treatment to date has included total left knee arthroplasty on 04/25/2013, right total knee arthroplasty, right knee intra-articular lidocaine injection, physical therapy, and medications. Utilization review from 01/13/2014 denied the request for CT scan of the right knee because it did not appear that patient had pain subsequent to total knee arthroplasty. Patient likewise had unremarkable x-ray studies.

### 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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- CT (computed tomography).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, Computed Tomography.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends CT scan as an option for pain after total knee arthroplasty (TKA) with negative radiograph for loosening. In this case, patient had persistent right knee pain despite TKA. However, x-rays of the right knee demonstrated possible malrotation of the components. Triple phase bone scan demonstrated normal findings in the right knee. There are equivocal findings based on the radiographic imaging presented. Guideline criteria were met. Therefore, the request for CT scan of the right knee is medically necessary.