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| Case Number: | CM14-0014009 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 07/23/2011 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 01/28/2014 |
| Priority: | Standard | Application Received: | 02/04/2014 |

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:

The patient is a 25-year-old female who has submitted a claim for left knee ACL tear associated with an industrial injury date of July 23, 2011. Medical records from 2013-2014 were reviewed. The patient complained of left knee pain, rated 6-8/10 in severity. There was instability in her knee and reports that it feels weak. The patient states that the cold weather was causing a constant achy medial knee pain. Physical examination showed well-healed incisions on the left knee. There were no effusions. There was slight limitation in range of motion. Lachman's test demonstrated increased anterior excursion and soft endpoint. Imaging studies were not available for review. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, activity modification, left knee meniscal repair, left knee arthroscopically-assisted anterior cruciate ligament reconstruction using allograft tissue. Utilization review, dated January 28, 2014, denied the request for CT lower extremity without dye because there was no documentation that plain x-rays has been done and was deemed inadequate to warrant specialized imaging studies for the left knee, and there was no clear reason to perform a CT scan in this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT lower extremity without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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 Chapter, Computed Tomography.

Decision rationale: The California 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. The ODG recommends CT scan as an option for pain after total knee arthroplasty (TKA) with negative radiograph for loosening. In this case, the rationale of the request was in preparation for the second stage revision of ACL reconstruction. However, the procedure has been done last March 3, 2014. Furthermore, there was no documentation of previous negative radiographs. Moreover, the procedure done was an arthroscopically-assisted anterior cruciate ligament reconstruction and not a total knee arthroplasty. The guideline criteria were not met. In addition, the present request failed to specify laterality. Therefore, the request for CT lower extremity without dye is not medically necessary.