

Case Number:	CM14-0154176		
Date Assigned:	10/16/2014	Date of Injury:	04/11/2012
Decision Date:	11/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/22/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 62 year old employee with date of injury of 4/11/12. Medical records indicate the patient is undergoing treatment for s/p fracture of right femur with rod replacement and right knee internal derangement. Subjective complaints include continued pain to the right hip and knee. His pain level is an 8/10. His back pain extends to right leg and knee. He has locking in the right knee on occasion which causes even more pain. Objective findings include a positive McMurray's test to the right knee. He has diffuse tenderness in the right knee medial and lateral compartments with 0 degree extension and 100 degree flexion. The greater trochanter is non-tender upon palpation. When walking, he favors the right extremity and has a noticeable limp. Treatment has consisted of Naproxen and Protonix. He had PT in 2012 for his right hip and low back. The utilization review determination was rendered on 8/25/14 recommending non-certification of a CT scan of the right knee.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Knee, Computed tomography (CT)

Decision rationale: ACOEM states "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 was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons." ACOEM guidelines do not recommend CT for knee pathology. MRI is the preferred diagnostic tool. ODG states "Recommended as an option for pain after TKA with negative radiograph for loosening. One study recommends using computed tomography (CT) examination in patients with painful knee prostheses and equivocal radiographs, particularly for: (1) Loosening: to show the extent and width of lucent zones that may be less apparent on radiographs; (2) Osteolysis: CT is superior to radiographs for this diagnosis; recommend CT be obtained in patients with painful knee prostheses with normal or equivocal radiographs and increased uptake on all three phases of a bone scan to look for osteolysis; (3) Assessing rotational alignment of the femoral component; (4) Detecting subtle or occult periprosthetic fractures. (Weissman, 2006) Three-dimensional CT is not recommended for routine preoperative templating in TKA." The treating physician has documented a concern for a possible meniscal injury, but did not provide a detailed knee physical exam. MRI is superior to CT for meniscal injuries. CT is superior when evaluating bony abnormalities as described by ODG. As such, the request for CT scan of the right knee is not medically necessary.