

Case Number:	CM14-0155300		
Date Assigned:	09/25/2014	Date of Injury:	08/08/2014
Decision Date:	11/12/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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:

Injured worker is a male with date of injury 8/8/2014. Per primary treating physician's progress report dated 8/21/2014, the injured worker complains of right knee pain. He states that the right knee is feeling better with less pain. There is still some tenderness along the medial joint line. There is no popping. He states he is careful with how he walks. He states that the knee brace is too tight and he is requesting for a replacement. He is working and observing his restrictions. On examination his gait is within normal limit. The right knee shows a midline incision scar. There is mild tenderness along the medial joint line. Valgus stress test is positive and varus stress test is negative. McMurray test is equivocal for the medial joint line. Drawer test is negative with full range of motion. Diagnoses include 1) right knee strain 2) rule out internal derangement 3) history of total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan without contrast Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 314-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335, 343-345.

Decision rationale: The requesting physician explains that the CT scan is requested to rule out any internal derangement or loosening of the hardware. The MTUS Guidelines recommend advanced imaging of the knee to confirm a meniscus tear, only if surgery is contemplated. These guidelines also note that patients suspected of having meniscal tears, but without progressive or severe activity limitations, can be encouraged to live with symptoms to retain the protective effect of the meniscus. The injured worker is noted to be improving and is diagnosed with a knee strain. There are no red flags on history or exam to suggest that advanced imaging is necessary. The request for CT Scan Without Contrast for Right Knee is determined to not be medically necessary.