

Case Number:	CM14-0168717		
Date Assigned:	10/16/2014	Date of Injury:	09/25/2007
Decision Date:	12/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/13/2014

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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 09/25/2007. The date of the utilization review under appeal is 09/24/2014. The current treating diagnoses include hip pain, knee pain, and mild degenerative arthritis of the left hip. On 09/17/2014, the patient was seen in treating physician follow-up with the complaint of left knee pain. The pain was noted to be diffuse in location without radiation and described as moderate in intensity and intermittent in its occurrence. The patient also reported buckling occasionally when walking. The patient has a history of arthroscopic surgery in 2008. On physical examination there was no gross edema or evidence of acute injury. The patient had pain at the medial joint line with palpable crepitus. The patient had full active range of motion of the knee with extension and flexion, although had pain with forced flexion. The patient was able to raise the affected leg in extension without pain. Strength was normal at the quadriceps, hamstring, and gastrocnemius. The treating physician planned a CT arthrogram of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed tomography (CT) arthrogram of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg (updated 08/25/14), Computed Tomography (CT)

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

Decision rationale: ACOEM guidelines, Chapter 13, Knee, page 343, cautions that reliance on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion. In other words this guideline encourages a specific differential diagnosis prior to considering imaging of the knee. Moreover, the same guidelines, page 343, Table 13-5, discuss the ability of various techniques to identify and define knee pathology. That guideline discusses a very limited role of computed tomography in diagnosing knee conditions. Thus, overall the medical records contain very limited clinical decision-making details to clarify the rationale or differential diagnosis in support of a CT arthrogram of the left knee. This request is not medically necessary.