

Case Number:	CM14-0174603		
Date Assigned:	10/27/2014	Date of Injury:	12/07/2005
Decision Date:	12/03/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/21/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 claimant had a date of injury of 12/7/2005. He has a diagnosis of chronic knee pain and is status post left knee replacement in 2013. He has a reported knee effusion and ongoing pain, which is currently managed with physical therapy and pain medication. X rays have shown intact hardware in the left knee and osteoarthritis in right knee. The request is for CT of right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 347.

Decision rationale: ACOEM chapter on knee complaints describes that MRI (or CT in the patient in whom MRI is contraindicated because of other hardware) is recommended for pre-operative evaluation of ACL tears and is not indicated for lateral collateral ligament tears. MRI is not recommended for routine investigation of the knee joint for evaluation without surgical

indication. The submitted medical records do not describe a concern for ACL tear and do not indicate any plan for surgical intervention. As such, right knee CT is not medically necessary.