

Case Number:	CM14-0183960		
Date Assigned:	11/10/2014	Date of Injury:	09/18/2014
Decision Date:	12/17/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/04/2014

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 56 year old male driver injured his left knee at work as he stepped out of a truck and his knee bent backwards. This occurred on 18 Sep 2014. It has been diagnosed as an internal derangement of the knee. Comorbid conditions include morbid obesity. Presently he complains of 3-4/10 pain in that knee associated with the sensation that it is going to collapse inwardly. Exam on 15 Oct 2014 showed moderate pain in lateral collateral ligament and mild pain in medical joint line. Four-view X-ray of knee was ordered but no results were noted in records. Treatment has included ice/heat, physical therapy, cane and medications (Anaprox and Tramadol).

IMR ISSUES, DECISIONS AND RATIONALES

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

One CT (computed tomography) scan of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 44-45, 341-343. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Acute Trauma to the Knee, Revised 2011

Decision rationale: Computed tomography (CT) scanning is a technology that uses computer-processed X-rays to produce tomographic images (virtual 'slices') of specific areas of the scanned object, that is, it basically allows the user to see inside the object without cutting the object open. It can be used for both diagnostic and therapeutic purposes. The American College of Radiology guidelines suggest appropriate use of a CT scan in an acute knee injury is after a fall or twist injury when there is no fracture, focal tenderness, effusion or inability to bear weight or if there is a tibial plateau fracture associated with similar symptoms. The ACOEM notes the best study to determine soft tissue injury to the knee is a MRI. For this patient the intent of the provider appears to be to evaluate for a soft tissue injury to the knee. Since the results of the knee X-ray to this patient are not known and the suspected injury is to the soft tissue of the knee, medical necessity for a CT scan of the knee is not supported. The requested CT scan is not medically necessary or appropriate.