MAXIMUS Federal Services

Case Number:	CM14-0032177		
Date Assigned:	06/20/2014	Date of Injury:	04/11/2002
Decision Date:	07/21/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/13/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 50-year-old female who reported injury on 04/11/2002. The most recent documentation submitted with the request was dated 02/19/2014. The clinical documentation indicated the injured worker was experience a lot of right knee pain with associated swelling. The pain was described as burning. The injured worker was noted to have an antalgic gait and walk with a bent knee. The injured worker's right knee was warm to touch and she had diffuse global tenderness. The strength was 5/5. The injured worker had decreased range of motion. The injured worker had a stable Lachman's, anterior drawer, and posterior drawer, as well as varus and valgus testing. The diagnosis was knee joint replacement. The treatment plan included a request to restart physical therapy to gain range of motion, an x-ray of the right knee and scanogram, and a bone scan due to loosening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scanogram: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, Computed Tomography.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines address radiography. However, they do not specifically address radiography post total knee replacement. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that computed tomography is recommended as an option for pain after total knee arthroplasty with negative radiograph for loosening. The clinical documentation submitted for review failed to provide the radiographic findings to support the need for a computerized tomography scan. Given the above, the request for a scanogram is not medically necessary.