

Case Number:	CM14-0046941		
Date Assigned:	07/02/2014	Date of Injury:	05/16/2012
Decision Date:	08/21/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/14/2014

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 claimant injured his knees on 05/16/12. CT scans of the knees have been requested and are under review. He saw [REDACTED] on 02/05/14 and complained of bilateral knee pain. He had x-rays on 07/10/13 that showed soft tissue swelling bilaterally and minimal joint space narrowing. He reported low back and bilateral knee pain with limited range of motion of the lumbar spine in November 2013. He had low back pain radiating to his legs and bilateral knee pain radiating to the legs with numbness and tingling. He had difficulty sleeping with anxiety and depression. He had tenderness of the knees with positive distraction tests bilaterally. Range of motion was full with complaints of pain in all planes. He had negative McMurray's and Apley's compression test. He was diagnosed with patellar arthralgia with tendinitis of both knees. CT scans were ordered to rule out internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, CT scan.

Decision rationale: The history and documentation do not objectively support the request for CT scans of the bilateral knees. The MTUS Table 13-5 does not list any indications for CT scan of the knee. The ODG state CT scan is "recommended as an option for pain after TKA with negative radiograph for loosening." The mechanism of injury to his knees is unknown and patellar tendinitis was diagnosed which does not require a CT scan. There is no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications for the knees. There is not history of total knee arthroplasty and no new or progressive focal deficits for which this type of imaging study may be indicated. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of this request has not been clearly demonstrated.