

<b>Case Number:</b>	CM14-0053962		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 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 applicant has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; an H-Wave device; a knee brace; topical compounds; and reported open reduction internal fixation of patellar fracture. In a September 18, 2013 progress note, the applicant was described as status post left knee partial inferior pole patellectomy with reattachment of the patellar tendon on April 18, 2012. The applicant did report persistent complaints of left knee, left foot, and low back pain radiating to left leg. The applicant did exhibit tenderness and limited range of motion about the knee. An MRI imaging of the knee of December 2012 apparently demonstrated evidence of widening of the patellar tendon, it was suggested. A knee brace, naproxen, topical compounds, tramadol, H-Wave device, and 20-pound lifting limitation were endorsed. It was not clearly stated whether or not the applicant was working with said limitation in place. In an April 21, 2014 progress note, the attending provider stated that he was canceling the previously requested CT scan of the left knee and pursuing MRI imaging of the same. The applicant was again described as status post left partial inferior pole patellectomy. Topical compounds, Ultracet, and Prilosec were endorsed. It did not appear that the applicant was working with a rather proscriptive 20-pound lifting limitation in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan left 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), Treatment in Workers Compensation (TWC), Knee & Leg, Computed tomography (CT).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): Algorithm 13-1, page 348.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 13, Algorithm 13-1 does support spiral CT imaging in applicants in whom occult knee fractures are suspected, in this case, however, there is no evidence that an occult knee fracture is suspected. Rather, it appears that the applicant has suspected internal derangement of the knee and/or patellar tendon status post earlier patellar tendon reconstruction surgery. The attending provider apparently reached the same conclusion and, in April 2014, apparently withdrew the request for the CT scan of the left knee in question. There does not appear to be clear evidence of any bony pathology for which CT imaging of the knee in question would be beneficial. Therefore, the request for a CT scan left knee is not medically necessary.