MAXIMUS Federal Services

Case Number:	CM14-0068582		
Date Assigned:	07/14/2014	Date of Injury:	04/26/2001
Decision Date:	09/03/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/13/2014

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 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 injured worker is a 60-year-old male who reported an injury on 04/26/2001. The mechanism of injury involved a fall. The current diagnoses include enthesopathy of the knee and joint replacement of the knee. The injured worker was evaluated on 04/23/2014 with complaints of bilateral knee pain. It is noted that the injured worker is status post left knee arthroscopy on 09/30/2013 and left total knee arthroplasty revision on 04/11/2012. The injured worker has also been previously treated with a steroid injection into the right knee, topical anti-inflammatories, 12 sessions of physical therapy, an orthovisc injection for the right knee, and bracing. Physical examination of the left knee revealed limited range of motion, 4/5 quadricep weakness, and mild crepitus with extension. X-rays obtained in the office on that date indicated a well healed tibial tubercle osteotomy in the left knee. Treatment recommendations at that time included a CT scan of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg CT.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Computed tomography (CT).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The Official Disability Guidelines recommend CT scan after a total knee arthroplasty with negative radiographic evidence of loosening. As per the documentation submitted, the patient underwent a left knee total arthroplasty revision on 04/11/2012. The patient has been previously treated with physical therapy and bracing. It is noted that previous x-rays obtained in the office indicated a well healed tibial tubercle osteotomy on the left. However, there was no mention of any recent radiographic films of the left knee prior to the request for a CT scan. The Official Disability Guidelines recommend CT scan after there is documentation of negative radiographic evidence for loosening. Therefore, the injured worker does not currently meet criteria for the requested study. As such, the request is not medically necessary and appropriate.