

<b>Case Number:</b>	CM14-0075580		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/22/2006
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/24/2014

### 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 Nevada. 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 51-year-old male who was reportedly injured on June 22, 2006. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 22, 2014, indicated that there were ongoing complaints of left knee pain, low back pain, and bilateral wrist and hand pain. The physical examination demonstrated tenderness over the medial joint line of the left knee. There was pain with patellar compression and a positive McMurray's test. There was a concern about implant loosening. X-rays of the left knee were noted to not show loosening of hardware. On the qualified medical evaluator report, however, another physician stated that there was loosening of hardware. Previous treatment included a left knee arthroscopy times 3 to include a lateral compartment hemiarthroplasty performed on September 2, 2011. A request was made for a computed tomography scan of the left knee and was not certified in the pre-authorization process on May 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Computed Tomography (CT) Scan of the Left Knee: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 341, 343, and 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter: Computed Tomography (CT).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Computed Tomography, updated June 5, 2014.

**Decision rationale:** According to the medical record, there were two opinions regarding the recent x-rays of the left knee following the injured employee's prior hemiarthroplasty. The Official Disability Guidelines do recommend a computed tomography (CT) scan to assess loosening of hardware, which may be less apparent on plain radiographs. Considering this, a CT scan of the left knee is medically necessary to determine the presence and extent of hardware loosening. This request for a computed tomography scan of the left knee is medically necessary and appropriate.