

Case Number:	CM14-0194863		
Date Assigned:	12/02/2014	Date of Injury:	08/27/2004
Decision Date:	01/14/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/20/2014

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 Preventive 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:

According to the records made available for review, this is a 66-year-old male with an 8/27/04 date of injury and status post right total knee arthroplasty in April 2013. At the time (10/8/14) of the request for authorization for bilateral LE scanogram and Bloodworks ESR, CBC, CRP, there is documentation of subjective (painful right total knee) and objective (right knee is mildly swollen, range of motion is about 0 to 115/120 degrees, predominantly lateral joint line and lateral-sided tenderness to palpation, the knee does open up with both varus/valgus stress) findings, imaging findings (X-rays revealed some eccentric positioning of the patella, the implants overall appear stable without obvious loosening or failure), current diagnoses (status post right total knee arthroplasty and painful right total knee arthroplasty), and treatment to date (injections, medication, and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral LE Scanogram: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. 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, Computed tomography

Decision rationale: MTUS does not address the issue. ODG identifies that computed tomography is indicated as an option for pain after total knee arthroplasty with negative radiograph for loosening, as criteria necessary to support the medical necessity of computed tomography. Within the medical information available for review, there is documentation of diagnoses of status post right total knee arthroplasty and painful right total knee arthroplasty. In addition, given documentation of subjective (painful right total knee) findings and imaging findings (X-rays revealed some eccentric positioning of the patella, the implants overall appear stable without obvious loosening or failure), there is documentation of pain after total knee arthroplasty with negative radiograph for loosening. Therefore, based on guidelines and a review of the evidence, the request for bilateral LE scanogram is medically necessary.

Bloodworks ESR, CBC, CRP: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3279078/>

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guidelines identify commonly used laboratory tests, including a complete blood count with differential (CBC), erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), and knee aspiration for cell count and culture are always to be considered of primary importance in the diagnostic work up of a painful prosthesis. Within the medical information available for review, there is documentation of diagnoses of status post right total knee arthroplasty and painful right total knee arthroplasty. In addition, there is documentation of painful prosthesis. Therefore, based on guidelines and a review of the evidence, the request for Bloodworks ESR, CBC, CRP is medically necessary.