

<b>Case Number:</b>	CM14-0199154		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	06/07/2011
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 29 year old patient with date of injury of 06/07/2011. Medical records indicate the patient is undergoing treatment for chronic lumbar strain, patellofemoral pain from patellar fracture, s/p open reduction and internal fixation of patellar fracture and s/p fall. Subjective complaints include low back and left knee pain, rated 8/10. Objective findings include decreased left knee range of motion: flexion 110 degrees and extension 0. There is tenderness over medial and lateral joint lines, decreased strength, positive Valgus and Varus stress signs as well as McMurray's. CT scan of left knee dated 04/18/2014 revealed suspicion for osteochondral lesion of the lateral femoral condyle. X-ray of left knee on 04/18/2014 revealed status post patellar fracture fixation, otherwise negative. MRI of left knee from 04/18/2014 revealed no evidence of joint effusion, anterior and posterior cruciate ligaments intact, minimal osteochondral lesion of lateral femoral condyle anterior as seen in CT scan. Treatment has consisted of surgery, physical therapy, steroid injections, brace, crutches and Norco. The utilization review determination was rendered on 11/03/2014 recommending non-certification of 1 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:

**1 CT Scan of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 340-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Knee, Computed tomography (CT)

**Decision rationale:** ACOEM states "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons." ACOEM guidelines do not recommend CT for knee pathology. MRI is the preferred diagnostic tool. ODG states "Recommended as an option for pain after TKA with negative radiograph for loosening. One study recommends using computed tomography (CT) examination in patients with painful knee prostheses and equivocal radiographs, particularly for: (1) Loosening: to show the extent and width of lucent zones that may be less apparent on radiographs; (2) Osteolysis: CT is superior to radiographs for this diagnosis; recommend CT be obtained in patients with painful knee prostheses with normal or equivocal radiographs and increased uptake on all three phases of a bone scan to look for osteolysis; (3) Assessing rotational alignment of the femoral component; (4) Detecting subtle or occult periprosthetic fractures. (Weissman, 2006) Three-dimensional CT is not recommended for routine preoperative templating in TKA." Medical documentation provided show that this patient had a previous CT and MRI of left knee dated 04/18/2014, the treating physician has not indicated any objective findings or rationale for an additional CT scan. The treating physician does not document a new injury, re-injury, or red flag diagnoses. As such, the request for 1 CT Scan of the left knee is not medically necessary.