

Case Number:	CM14-0200263		
Date Assigned:	12/10/2014	Date of Injury:	06/07/2011
Decision Date:	01/28/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice 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:

This 29-year old investigator reported injuries to her left knee and low back due to a fall on 6/7/11. Treatment has included an open reduction and internal fixation of a patellar fracture on 6/8/11, medications and physical therapy. She did not work from 6/7/11 to 8/27/12 but has now returned to modified work. Current diagnoses include continued patellofemoral pain from patellar fracture, chronic lumbar strain, status post ORIF in June 2011, and status post fall August 20, 2014 with re-aggravation of the left knee. The records contain multiple progress notes from her current primary provider. The notes from 5/2/14 to 7/25/14 document decreasing knee pain and slowly increasing range of motion of the left knee. A CT scan of the knee performed 4/18/14 was reported as showing no loose bodies with internal fixation in good alignment. Exam findings for these visits include knee tenderness and positive patellofemoral joint grind. On 8/22/14 the provider reported that the patient had fallen on 8/20/14 due to weakness in her legs. Exam findings included abrasion and swelling of the left knee, with decreased flexion and positive varus and valgus stress tests as well as positive McMurray. These new physical findings continued to be noted in subsequent visits through 10/3/14. A repeat CT scan of the knee was requested to rule out any internal derangement or hardware disruption. The request for CT was listed as pending on all subsequent visits. The patient's work status was unchanged, with restrictions including sedentary work only, with no squatting or kneeling. The CT scan was non-certified in UR on 11/3/14 on the basis previous studies had been done and there was no documentation of a new injury. MTUS ACOEM Guidelines and American College of Radiology Appropriateness Criteria were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) CT scan of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology Appropriateness Criteria, Acute Trauma to the Knee UpToDate, an online, evidence-based review service for clinicians, (www.uptodate.com) Radiologic evaluation of the acutely painful knee in adults.

Decision rationale: The ACOEM citations above state that CT scan has no ability to identify ligament strains or tears, or meniscal tears. CT arthrography is useful for identifying ACL and meniscal tears, and is less useful for identifying collateral ligament tears. Plain radiographs are useful for evaluating red flag conditions, such as suspected fracture. The ACR appropriateness criteria state that plain x-rays are the most appropriate first study to evaluate a patient with a fall and with focal tenderness or effusion. The Up-to-date reference states that plain film radiography is the initial study of choice for trauma or suspected fracture involving the knee. Patients who still have a high index of suspicion for fracture or soft tissue injury after negative plain films should be further assessed with CT or MRI. Soft tissue injuries involving the cartilage, menisci, ligaments and tendons are best evaluated by MRI. CT arthrography may be used in cases where MRI is contraindicated such as when metallic foreign bodies are present in the knee area. The clinical documentation in this case does not support the performance of a CT scan of this patient's left knee. She has clearly had new knee trauma and a change in objective findings. She has metallic foreign bodies (screws) in her knee. The treating physician has documented that he is concerned about internal derangement and about hardware disruption. The exam findings include a positive McMurray sign, which would raise concerns about a meniscal tear; and positive varus and valgus stress, which would raise concerns about medial and lateral collateral ligament tears. The first study that should be performed in this case would be plain radiographs. If these are negative, the next appropriate study would be a CT arthrogram, not a plain CT scan. Based on the evidence-based citations above and on the clinical documentation provided for my review, a left knee CT scan is not medically necessary. It is not medically necessary because the most appropriate first study (plain x-rays) has not been performed, and because the most appropriate subsequent study would be CT arthrogram, not plain CT.