

Case Number:	CM14-0202308		
Date Assigned:	12/15/2014	Date of Injury:	09/13/1994
Decision Date:	01/30/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal 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:

The injured worker is a 67 year old female injured on 9/13/1994. The mechanism of injury was not indicated. Current diagnoses include lumbar disc herniation with radiculitis/radiculopathy, status post left total knee arthroplasty with history of capsulitis, internal derangement of right knee, fibromyalgia, anxiety and depression, insomnia and bruxism. . Per physician's note of 10/28/2014, the injured worker continues to complain of right hip and left knee pain and stiffness. She has pain while sitting on a soft chair. There are complaints of weight gain due to decreased activity level secondary to pain with difficulty sleeping and bruxism. She complains of being unable to bend her knee and losing balance. Examination showed limited and painful range of motion of right hip. Left knee reveals medial and lateral joint line tenderness and positive chondromalacia patella compression test and positive McMurray's test. The physician's note has her remaining off work until 12/23/2014. Per previous medical notes, authorization was requested for aquatic therapy, physical therapy, and refills of Norco, Zanaflex, Hydrochlorothiazide, Lyrica, Motrin, Voltaren gel and Ranitidine. The Utilization Review dated 11/26/2014 certified requests for dentist consultation, internal medicine consultation and a shower chair. The UR non-certified a request for CT (computed tomography) of the left knee and an ergonomic chair support. Regarding the CT of the left knee, per the UR, the medical records do not clarify a rationale as to why the injured worker would require a CT scan of the knee at this time, nor is it clear what differential diagnosis is to be evaluated. Regarding the ergonomic chair support, per the UR, there is no indication of functional deficits that would require a specialty chair for home use. MTUS and ODG guidelines were utilized in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Computed Tomography (CT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, CAT Scan

Decision rationale: Pursuant to the ACOEM guidelines and the Official Disability Guidelines, CAT scan of the left knee is not medically necessary. Reliance only on imaging studies to evaluate the source of new symptoms may carry a significant risk diagnostic confusion. CAT scan is recommended as an option after a total knee arthroplasty with negative x-rays for loosening. In this case, the injured worker underwent a total arthroplasty of the left knee. The date of surgery is not in the medical record. In a progress note dated October 20, 2014 physical examination showed joint line tenderness. There was no documentation of any joint loosening. The documentation does not contain a clinical indication or rationale for performing a CAT scan of the knee based on the clinical history and physical findings. Consequently, absent the appropriate clinical documentation (history and physical examination) and clinical indication, CAT scan of the left knee is not medically necessary.

Ergonomic chair support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Durable medical equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Chapter, DM

Decision rationale: Pursuant to the Official Disability Guidelines, ergonomic chair support is not medically necessary. An ergonomic chair is a piece of durable medical equipment (DME). DME is generally recommended if there was a medical need and if the device meets Medicare's definition of durable medical equipment. DME is defined as equipment which can withstand repeated use; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; is appropriate for the use of the patient's home. In this case, the injured worker had continued left knee pain status post total left knee arthroplasty. The treating physician recommended an ergonomic chair. There was no clinical indication or rationale for the ergonomic chair. Additionally, an ergonomic chair may not be used to serve a medical purpose and it may be useful to a person in the absence of illness or injury. Consequently, absent the appropriate clinical indication and clinical rationale, ergonomic chair support is not medically necessary.

