MAXIMUS Federal Services

| Case Number: | CM15-0000657 | | |
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| Date Assigned: | 01/12/2015 | Date of Injury: | 03/07/2013 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 12/09/2014 |
| Priority: | Standard | Application Received: | 01/02/2015 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 58 year old male, who sustained an industrial injury on 03/07/2013. He has reported subsequent back, right knee and neck pain and was diagnosed with cervical, thoracic and lumbar and right knee sprain/strain with right knee medial compartment degnerative arthritis. MRI of the right knee on 4/3/2013 showed degnerative tear of the posterior horn of the medial meniscus extending into the body, a small radial tear, moderate to severe medial compartment chondromalacia, tri-compartmental osteoarthritic changes and a moderate to large sized joint effusion. Treatment to date has included physical therapy and oral pain medication. A primary treating physician note from 04/29/2014 indicated that the Injured Worker continued to report occasional pain in the knee with no improvement. Physical examination was notable for a slight varus orientation of the right knee more than the left, with full range of motion, minimal effusion and slight tenderness along the medial joint line. X-rays of the knees was noted to show bilateral narrowing with a 1 mm cartilage interval on the right and a 3 mm cartilage interval on the left. The physician noted that a partial knee replacement followed by an eventual total knee replacement may be required and that imaging studies would be needed to determine whether a partial or total knee replacement would be required. A request for a CT of the right lower extremity was made although there was no specific medical documentation in the record pertaining to this request.On 12/09/2014, Utilization Review non-certified a request for CT of the right lower extremity, noting that CT was not recommended for routine preoperative templating in total knee arthroplasty, ODG guidelines was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CT of the right lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, TOMOGRAPHY (CT)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Low back chapter, CT or MRI

**Decision rationale:** This patient presents with back and neck pain. The treater is requesting CT OF THE RIGHT LOWER EXTREMITY. The RFA was not provided for review. The patient's date of injury is from 03/07/2013 and he is currently working. The ACOEM guidelines page 309 under CT or MRI, states that it is recommended when cauda equina, tumor, infection, fracture are strongly suspected and plain film radiographs are negative. ODG states that it is not recommended except for the following indications: equivocal or positive plain films with no neurological deficit, trauma in the lumbar spine; neurological deficit in the lumbar spine; infectious disease patient, etc.The records do not show any previous CT scan of the right lower extremity. The report making the request was not made available for review. The 09/24/2014 report notes that the patient ambulates with a normal gait, full weight bearing on both lower extremities. There are spasms of the paravertebral musculature with tenderness. Bilateral patellar and Achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. Straight leg raise is negative. No numbness, weakness in the lower extremities. In this case, the examination does not show any neurological deficits or trauma in the lumbar that would require the use of a CT of the right lower extremity. The request IS NOT medically necessary.