

Case Number:	CM15-0107444		
Date Assigned:	06/11/2015	Date of Injury:	12/20/2014
Decision Date:	07/16/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/03/2015

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 36-year-old male, who sustained an industrial injury on 12/20/14. He reported landing on his buttocks following being struck by a car while working at work. The injured worker was diagnosed as having lumbar radiculopathy, bilateral sacral iliac joint dysfunction, internal derangement of bilateral knees and bilateral quadriceps tendonitis. Treatment to date has included acupuncture therapy, infrared lamps thermotherapy and myofascial release and oral medications including Tramadol and Prilosec. Currently, the injured worker complains of constant sharp, low back pain with numbness and shooting sensation rated 8/10 with radiation to right lower extremity and constant dull bilateral knee pain rated 6/10 on right and 8/10 on left. The pain is relieved with rest and aggravated with activities. He has been on temporary total disability since the injury. Physical exam noted tenderness to palpation of lumbar paraspinal muscles with spasm, right straight leg raise increased back pain and deep pain in sacral iliac joint and exam of knees revealed tenderness on palpation of medial and lateral joint lines with reduced range of motion. The treatment plan included continuation of oral medications and topical creams, a request for authorization for (CT) computerized tomography scan of bilateral knees and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Computed tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & leg chapter, CT Scans.

Decision rationale: Based on the 04/14/15 progress report provided by treating physician, the patient presents with right knee pain rated 3/10 with and 7/10 without medications. The request is for CT scan to the right knee. RFA with the request not provided. Patient's diagnosis on 04/14/15 included right knee sprain/strain and lumbar radiculopathy. Physical examination to the right knee on 04/14/15 revealed a lesion present, tenderness to palpation over the medial and lateral joint lines, and painful patellar tracking. Range of motion was decreased. Treatments included medications and topical creams. Patient's medications include Tramadol and Prilosec. The patient remains off work, per 05/12/15 report. Treatment reports were provided from 02/11/15 - 05/28/15. ODG Knee chapter under CT Scans 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. (Davis, 2010) (Kobayashi, 2012) (Nowakowski, 2012) See Three-dimensional CT (3D). "Treater has not provided medical rationale for the request. According to guidelines, knee CT scans are recommended as an option for pain after TKA with negative radiograph for loosening, knee prosthesis with normal or equivocal radiographs, osteolysis, assessment of rotational alignment of the femoral component, and to detect periprosthetic fractures. There is no indication the patient is postoperative for the knee, nor discussion of any of the previous indications. A CT scan is not indicated per ODG guidelines without a negative radiograph for loosening. There are no X-rays of the right knee, nor discussion X-ray findings, either. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.