

Case Number:	CM15-0107445		
Date Assigned:	06/11/2015	Date of Injury:	12/20/2014
Decision Date:	07/14/2015	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, Pain Management

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. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include right lower back and bilateral knee pain. Current diagnoses include lumbar radiculopathy, lumbar spine sprain/strain, bilateral knee sprain/strain, anxiety, depression, and insomnia. In a progress note dated 04/14/15, the treating provider reports the plan of care as medication including tramadol and Prilosec, and a CT scan of the bilateral knees. The requested treatments include a CT scan of the bilateral knees. A progress report dated February 20, 2015 shows positive McMurray sign with positive click upon the examination. An MRI of both knees is recommended. A progress report dated April 14, 2015 identifies ongoing knee pain with tenderness to palpation and decreased range of motion. A CT scan of both knees is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Computed tomography (CT).

Decision rationale: Regarding the request for CT scan to the left knee, guidelines generally recommend undergoing plain film radiographs prior to more advanced imaging for knee complaints, after conservative treatment has failed. ODG states that CT imaging is recommended after total knee arthroplasty with a negative radiograph. Within the documentation available for review, there is no indication that the patient has failed conservative treatment, and no indication that the patient has undergone plain film radiographs prior to the request for CT imaging. Furthermore, there is no indication that the patient is status post total knee arthroplasty. Finally, there is no statement indicating what medical decision-making will be based upon the outcome of the requested study. In the absence of clarity regarding those issues, the currently requested CT scan to the left knee is not medically necessary.