

Case Number:	CM15-0107993		
Date Assigned:	06/12/2015	Date of Injury:	05/24/2011
Decision Date:	07/14/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/04/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 60-year-old individual, who sustained an industrial injury on 5/24/2011. Diagnoses include status post right knee arthroscopy (2012), patellofemoral moderate to severe chondromalacia right knee, medial meniscus tear right knee, osteoarthropathy right knee, right S1 radiculopathy and grade I lumbar spondylolisthesis. Treatment to date has included diagnostics, surgical intervention (right knee arthroscopy and menisectomy on 6/27/2012), chiropractic care, TENS unit, physical therapy, medications, bracing, injections, medications, and home exercise. Magnetic resonance imaging (MRI) of the right knee dated (3 sessions) was read by the evaluating provider as degenerative tear medial meniscus, spurring about the patella and moderate to severe chondromalacia. Per the Primary Treating Physician's Progress Report dated 4/23/2015, the injured worker reported right knee pain rated as 8/10 and low back pain with right lower extremity symptoms rated as 5/10. Physical examination of the right knee revealed tenderness and a positive patellofemoral compression test. There was tenderness to the medial and lateral joint lines. Range of motion was 0-110 degrees. The plan of care included medications. Authorization was requested for computed tomography (CT) scan of the lower extremity and Radex facial bones.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the Lower Extremity (DOS: 03/19/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Online Version, Computed tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, lower extremity imaging.

Decision rationale: The ODG recommends CT scan of the lower extremity as an option of continued pain after total knee amputation in the presence of normal radiographs and in patients with painful prostheses. The patient does not have these diagnoses and therefore the request is not medically necessary.

Radiologic Examination (Radex) Facial Bones (DOS: 03/21/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Online Version, X-Rays.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, head imaging.

Decision rationale: The ODG states facial x-ray are only indicated in the evaluation of facial fractures if CT scan is not available or contraindicated. The patient does not meet these criteria by the provided clinical documentation for review and therefore the request is not medically necessary.