

Case Number:	CM15-0162817		
Date Assigned:	08/31/2015	Date of Injury:	07/16/1999
Decision Date:	09/30/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/19/2015

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: Preventive Medicine, Occupational Medicine

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 56 year old female, who sustained an industrial injury on 7-16-1999. Diagnoses include adjacent segment degenerative disease L5-S1 radiculitis and chronic pain syndrome. Treatment to date has included surgical intervention of the lumbar spine (fusion, undated) and bilateral knees, and implantation of a spinal cord stimulator, as well as conservative treatment including acupuncture, chiropractic care, medications, facet injections L5-S1, heat and ice application, physical therapy, transcutaneous electrical nerve stimulation (TENS), radiofrequency ablation (3-27-2015). Per the Primary Treating Physician's Progress Report dated 7-08-2015, the injured worker reported severe pain in her back with radiation down the bilateral legs. She also reported knee pain. Physical examination revealed tenderness around the right knee and a painful antalgic gait to the right. There was also tenderness noted at L5-S1. The plan of care included diagnostics and authorization was requested for a computed tomography (CT) scan of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (Computed Tomography) scan of right knee, for submitted diagnosis of internal derangement of right knee, as an outpatient: 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, Computed Tomography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter/Computed tomography (CT) Section.

Decision rationale: The MTUS guidelines and ODG state that knee CT is 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. Three-dimensional CT is not recommended for routine preoperative templating in TKA. In this case, there is a subjective complaint of right knee pain. The only objective finding is tenderness to palpation and an altered gait. There is no diagnosis that would warrant the use of a knee CT. The request for CT (Computed Tomography) scan of right knee, for submitted diagnosis of internal derangement of right knee, as an outpatient is determined to not be medically necessary.