MAXIMUS Federal Services

Case Number:	CM15-0199796		
Date Assigned:	10/15/2015	Date of Injury:	01/06/2004
Decision Date:	11/23/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/12/2015

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: Arizona, California
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 53 year old, male who sustained a work related injury on 1-6-04. A review of the medical records shows he is being treated for neck, left shoulder, low back and bilateral knee pain. In the progress notes dated 8-31-15, the injured worker reports he fell at home on 8-12-15 after right knee gave way while he was performing activities of daily living. He reports swelling and limited movement in right knee. He has bilateral knee pain that comes and goes. The pain increases with increased activities. On physical exam dated 8-31-15, he has tenderness to the medial joint space and the inferior and superior aspects of the patella in both knees. He has positive McMurray's, valgus stress and varus stress tests to left knee. Treatments have included intrathecal pain medication pump. Current medications include intrathecal pain medications. He is temporarily totally disabled. The treatment plan includes requests for a CT scan of the right knee, x-rays of the right knee and right elbow and an orthopedic evaluation for the right knee. In the Utilization Review dated 9-9-15, the requested treatments of a CT scan of the right knee and an x-ray of the right knee are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 17.

Decision rationale: According to the guidelines, CT scan is indicated after knee replacement if x-rays are negative for loosening. It is useful for evaluating prosthesis and osteolysis. In this case, the claimant does not have hardware and the clinician does not mention concerns of osteolysis. There was no recent trauma or surgery. There was no MRI or x-ray. The request for the CT of the knee is not medically necessary.

X-ray right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 58.

Decision rationale: According to the guidelines: Indications for imaging -- X-rays: Acute trauma to the knee, fall or twisting injury, with one or more of following: focal tenderness, effusion, inability to bear weight. First study: Acute trauma to the knee, injury to knee >= 2 days ago, mechanism unknown. Focal patellar tenderness, effusion, able to walk. Acute trauma to the knee, significant trauma (e.g., motor vehicle accident), suspect posterior knee dislocation. Non-traumatic knee pain, child or adolescent – non-patellofemoral symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). Non-traumatic knee pain, child or adult: patellofemoral (anterior) symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view. Non-traumatic knee pain, adult: non-trauma, non-tumor, non-localized pain. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). In this case, the claimant has chronic knee pain that has not responded to pain medications. The claimant does have tenderness to the knee and a positive McMurray's test. The request for the x-ray is medically necessary.