

Case Number:	CM15-0028718		
Date Assigned:	02/20/2015	Date of Injury:	03/22/2013
Decision Date:	04/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/17/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 69 year old woman sustained an industrial injury on 3/22/2013. The mechanism of injury is not detailed. The current diagnoses is advanced left knee degenerative joint disease. Treatment has included oral medications. Physician notes on a PR-2 dated 2/6/2015 show complaints of knee pain rated 9/10. Recommendations include awaiting approval for total left knee replacement, which has since been received, pre-operative CT scan of left knee per my knee protocol. A notation was added that all of the risk and benefits of the surgical procedure were discussed. On 2/13/2015, Utilization Review evaluated a prescription for a pre-operative CT scan of the right knee, that was submitted on 2/16/2015. The UR physician noted that CT is not recommended for routine pre-operative templating for total knee arthroplasty. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative CT Scan of the left knee: 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 & Leg (dated 2/5/15)".

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

Decision rationale: California MTUS guidelines, knee complaints, chapter 13, Table 13-5 indicates ability of various techniques to identify and define knee pathology. Computerized tomography is not useful for meniscal tear, ligament strain, ligament tear, patellofemoral syndrome, tendinitis, prepatellar bursitis, or regional pain. ODG guidelines indicate computed tomography for postoperative loosening, osteolysis, evaluation of painful knee prosthesis, assessing rotational alignment of the femoral component, and detecting subtle or occult periprosthetic fractures. 3-dimensional CT is not recommended for routine preoperative templating in total knee arthroplasty. As such the request for preoperative CT scan of the knee is not supported, and the medical necessity of the request is not established.