

Case Number:	CM15-0034257		
Date Assigned:	03/02/2015	Date of Injury:	09/30/2011
Decision Date:	05/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 68 year old male, who sustained an industrial injury on September 30, 2011. He reported bilateral shoulder and knee pain. The injured worker was diagnosed as having right total knee arthroplasty (TKA) in 2010, left knee TKA in 2009, left shoulder scope in 2013, cervical and lumbar disc herniations, anxiety and depression. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the bilateral knees, lumbar spine and left shoulder, conservative treatments, epidural steroid injections (ESI), medications and work restrictions. Currently, the injured worker complains of bilateral shoulder and knee pain with worsening left knee pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. It was noted ESI provided 50% benefit. He had an antalgic gait and required the use of a cane to ambulate at times. Evaluation on January 6, 2015, revealed continued pain. It was noted recent steroid injections to the shoulders and back provided significant benefit however the left knee pain was getting progressively worse. Updated radiographic imaging, renewal of medications, cervical spine injections and a home interferential unit was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Computed tomography CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee chapter under CT Scans.

Decision rationale: The patient presents with bilateral shoulder, low back and left knee pain. The request is for CT scan of the left knee. The request for authorization is dated 01/06/15. The patient is status-post left total knee replacement, 2009. X-ray of the left knee, 08/12/14, shows total left knee replacement in satisfactory position; no evidence of loosening; loose body projected anterior to the left knee joint. Pain in left knee is progressively worse. Pain in left knee is aggravated with prolonged standing, walking, kneeling, bending and twisting. Patient has an antalgic gait, a limp, and uses a cane for support. Patient's medications include Anaprox, Norco, Ultram and Fexmid. The patient is permanent and stationary. ODG Knee chapter under CT Scans states: "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. (Weissman, 2006) Three-dimensional CT is not recommended for routine preoperative templating in TKA. (Davis, 2010) (Kobayashi, 2012) (Nowakowski, 2012) See Three-dimensional CT (3D)." Per progress report dated, 01/06/15, treater's reason for the request is "per Left knee x-ray to further evaluate loose body anterior to left knee joint." In this case, the patient is status-post LEFT total knee replacement in 2009. X-ray of the LEFT knee on 08/12/14 shows findings of a 0.6cm x 1.5cm ovoid loose body projected anterior to the left knee joint. The patient continues to have pain in the LEFT knee after TKA. Therefore, the request IS medically necessary.