

Case Number:	CM15-0037698		
Date Assigned:	03/06/2015	Date of Injury:	03/01/1999
Decision Date:	04/17/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/02/2015

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 60-year-old female, who sustained an industrial injury on March 1, 1999. She has reported falling onto her knees and immediately felt bilateral knee and lower back pain. Her diagnoses include four right knee arthroscopy surgeries between 1999 and 2012 and a right total knee arthroplasty in 2013 with significant quads weakness and continued pain. She has been treated with MRIs, x-rays, right knee brace, a cane for ambulation, postoperative physical therapy, intra-articular injections, and pain, anti-epilepsy, muscle relaxant, antidepressant, proton pump inhibitor, and non-steroidal anti-inflammatory medications. On January 28, 2015, her treating physician reports that she remains symptomatic and weak after numerous knee surgeries. Her knees have given out, which has resulted in her falling and sustaining additional injuries. She complains of constant right knee pain with weakness, popping, swelling, and giving out. Her pain level is 6/10. She walks with a walker or cane due to difficulty walking and being on her feet. She uses the knee brace intermittently due to its hurting her. The physical exam revealed no atrophy/effusion of the right knee, a midline total knee arthroplasty incision with scope incisions, mild pain upon palpation of the medial and lateral joint lines. Pain upon palpation of the medial and lateral Patellar facets, decreased flexion, full extension, no crepitus, neutral standing alignment, patella alignment with no tilt, Q angle of 15 degrees, and normal mobility; no instability of the ligaments, a negative McMurray's, moderately decreased quadriceps strength, and tight hamstring strength. The treatment plan includes 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 Scan- Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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: Based on the 1/28/15 progress report provided by the treating physician, this patient presents with constant bilateral knee pain with weakness/popping/swelling/giving out with pain rated 6/10 on VAS scale. The treater has asked for CT scan right knee on 1/28/15. The patient's diagnoses per Request for Authorization form dated 2/9/15 were traumatic arthropathy involving lower leg, and loose body in knee, and knee joint replacement. The patient is s/p 5 knee surgeries from 1999 to 2012, the most recent a total knee replacement of the right knee in July 2013. The patient underwent her most recent MRIs of bilateral knees in 2013. The patient has not had prior CT scan of the knees per review of reports dated 1/20/14 to 1/28/15. The patient is currently not working. 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)." In this case, the patient is s/p total knee replacement of the right knee from July 2013, and there is no documentation the patient has had an X-ray of the right knee since the surgery. The most recent X-ray was on July 20, 2011 of the bilateral knees, which showed moderate to severe bilateral knee osteoarthritis per 4/30/14 AME report. A CT scan is not indicated per ODG guidelines, without having a negative radiograph for loosening, which this patient has not yet had post knee replacement. The request is not medically necessary.