

Case Number:	CM15-0061449		
Date Assigned:	04/07/2015	Date of Injury:	07/30/2008
Decision Date:	05/07/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/01/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 75 year old male, who sustained an industrial injury on 07/30/2008. He has reported injury to the right knee. The diagnoses have included internal derangement of the knee on the right, status post meniscectomy, status post total joint replacement; and discogenic lumbar condition. Treatment to date has included medications, diagnostics, bracing, hot and cold wrap, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and surgical intervention. Medications have included Norco, Flexeril, Naproxen, and Prilosec. A progress note from the treating physician, dated 03/04/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right knee pain, left knee pain, and low back pain; and is requesting increased dosage of Norco. Objective findings have included tenderness along both knees; swelling in the kneecaps bilaterally; and tenderness across the lumbar paraspinal muscles bilaterally. The treatment plan has included the request for 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 of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 341, 343, 347.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter.

Decision rationale: This 75 year old male has complained of right knee pain since date of injury 7/30/08. He has been treated with surgery (knee joint replacement), TENS unit, physical therapy and medications. The current request is for CT scan of the right knee. Per the ODG guidelines cited above, CT scan of the knee is recommended for the evaluation of continued knee pain after knee joint replacement after plain films are performed and are negative for hardware loosening. There is no documentation in the available medical records of a recent negative plain film. On the basis of the available medical records and per the ODG guidelines cited above, CT scan of the right knee is not medically necessary.