MAXIMUS Federal Services

Case Number:	CM13-0035853		
Date Assigned:	12/13/2013	Date of Injury:	04/22/2005
Decision Date:	02/12/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management has a subspecialty in Disability Evalaution and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 59-year-old female who reportedly sustained an injury during the course of her usual and customary duties on April 22, 2005. The patient indicates that during the course of her duties while bending over to attach a hoist to a row of fabric and a beam that was suspended from above, the beam, weighing 200-300 pounds, landed on her right foot. The patient pushed the beam from her foot and crawled to the next department. The patient coworkers observed the injury and deformity of the right foot and paramedics were called. The patient was taken to [redacted] where she was found to have an open wound over the proximal aspect of the right great toe as well as a comminuted intra-articular fracture of the right great toe proximal phalanx. There was a proximal phalangeal joint dislocation of the third toe and an avulsion fracture of the proximal interhalangeal joint of the fourth toe. The initial examination was performed by [redacted]. Closed reduction in the emergency room was unsuccessful. There was extreme swelling and thus surgery was reportedly to be delayed. However, upon returning to the emergency room the patient was informed that the surgery was canceled due to no one taking responsibility. The patient was subsequently referred to [redacted] who documented the injuries including proximal phalanx fractures of the great and second toe and dislocation of the proximal interphalangeal joint of the third toe of the right foot. The patient underwent May 2, 2005 right great toe closed reduction and percutaneous pinning, right second toe proximal interphalangeal open reduction and pinning. Postoperatively, [redacted] followed the patient indicating by November 2, 2005 that there was a probable nonunion of the proximal phalanx of the second toe, with severe pain in the great toe of the right foot. As noted by [redacted] as of the examination 'Even minor movement of the great toe is associated with discomfort.' Subsequently, the patient u

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed tomography (CT) scan without contrast of the right 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 and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Knee & Leg (Acute & Chronic): Computed tomography (CT).

Decision rationale: CA-MTUS is mute on this topic. Official Disability Guidelines, Knee & Leg (Acute & Chronic): Computed tomography (CT) 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) betecting -subtle or occult periprosthetic fractures. (Weissman, 2006) Three-dimensional CT is not recommended for routine preoperative templating in TKA. -The provider indicated MRI was a preferred imaging procedure but because the claimant has a spinal cord stimulator implant, a CT scan was requested instead. However the patient does have a history of prior arthroscopic surgery (8/3/11) and increased pain with weight bearing, therefore additional imaging studies is not medically necessary.