

<b>Case Number:</b>	CM14-0116957		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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/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:

The injured worker is a 38-year-old male who reported injury on 05/10/2012. The mechanism of injury was not submitted in the report. The injured worker has diagnosis of low back pain, lumbar sprain/strain, lumbar spine degenerative disc disease, lumbar spine spondylosis, status post left knee arthroscopy with residual pain, left knee internal derangement, and left ankle sprain/strain. Past medical treatment consist of physical therapy, manipulating therapy, acupuncture, injections, and medication. On 07/02/2014, the injured worker complained of lower back pain and left knee pain. Examination of the left knee revealed that the injured worker had a pain of 6/10 to 7/10. There were well healed scars from prior surgery. There was tenderness to palpation over the medial lateral joint line and patellofemoral joint. There was no anterior or posterior cruciate ligament instability. There was also no medial or lateral collateral ligament instability. Range of motion of the left knee revealed a flexion of 95 degrees and an extension of -07 degrees. Lachman's, anterior drawer, posterior drawer, varus/valgus stress test were negative. McMurray's was positive. Examination of the lumbar spine revealed that the injured worker had tenderness to palpation bilaterally, paraspinal muscles. There was also tenderness to palpation at the quadratus lumborum muscle and spinous process at L3-5 level. Range of motion revealed a flexion of 25 degrees, extension at 15 degrees, left lateral flexion at 10 degrees, right lateral flexion of 07 degrees, left rotation of 20 degrees, and right rotation of 20 degrees. Tripod sign, sitting root, and Kemp's test were positive. Straight leg raise at 60 degrees was positive, as well. The injured worker underwent left knee surgery in 02/2013. The treatment plan is for the injured worker to undergo a CT scan of the left knee and the lumbar spine. The provider feels that once diagnostics are performed, he will be able to formulate a well informed and definitive treatment plan for the injured worker. The Request for Authorization form was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Prospective request for 1 CT (computed tomography) of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59, 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for Prospective request for 1 CT (computed tomography) of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it also stated that when the neurologic exam is less clear, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documents did reveal bilateral paraspinal muscle guarding, and tenderness to palpation at the quadratus lumborum muscle and spinous process at L3-5, but there was lack of adequate information regarding conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurological deficits on physical examination, a CT is not supported by the referenced guidelines. As such, the request for 1 CT (computed tomography) of the lumbar spine is not medically necessary.

### **Prospective request for 1 CT (computed tomography) 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, Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** Prospective request for 1 CT (computed tomography) of the left knee is not medically necessary. The California MTUS/ACOEM Guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology, in its most recent appropriateness criteria, list the following clinical parameters as predicting absence of significant fracture, and may be used to support the decision not to obtain a radiograph following knee trauma: the patient is able to walk without a limp, had a twisting injury, and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in the population are: joint effusion within 24 hours after direct blow or fall, palpable tenderness over the fibular head or patella, inability to walk, or bear weight immediately or within a week of the trauma, and instability and inability to flex knee to 90 degrees. The medical documents showed that the

injured worker had no anterior/posterior cruciate ligament instability, and no medial or lateral collateral ligament instability. Documentation also revealed that the injured worker was able to flex at a 95 degrees level. As the report did reveal that the injured worker had tenderness to palpation over the medial and lateral joint line at the patellofemoral joint, it also showed that the injured worker was able to walk and bear weight on the left knee. As such, the request for a CT scan of the left is not medically necessary.