

<b>Case Number:</b>	CM14-0127492		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Orthopedic Surgery 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 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:

44 year old female claimant with an industrial injury dated 01/10/13. Magnetic Resonance Imaging (MRI) of the lumbar spine dated March 2014 were noted as normal. Exam note 07/01/14 states the patient returns with low back and right knee pain. She rates the pain a 5-7/10 and explains it as a throbbing pain. Current medications include Motrin 800mg. Upon physical exam of the lumbar spine there was no gross deformity or redness. The patient did have some increased tension across the paraspinals in a diffuse manner. The range of motion is noted to have mild restrictions, and sensation is intact throughout the lower limbs without dermatomal pattern. Motor strength was a 5/5, and reflexes are intact and symmetrical at the knees and ankles. The patient demonstrates a normal gait and preformed normal seated dural stretches. The patient was diagnosed with chronic cervicothoracic and lumbar myofascial pain. Treatment includes the continuation of medication, and to use a pillow for traveling for pressure relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan conformis protocol for left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM) are silent on the issue of Computerized tomography scan of the knee in preoperative planning. According to Official Disability Guidelines (ODG), Knee and Leg, Computed Tomography, Computerized tomography scan is not recommended for routine preoperative templating in total knee arthroplasty. The requested treatment is not medically necessary and appropriate.

**Newport hip kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The procedure requested is for a total knee replacement. There is no evidence in the records to support a Newport hip kit for a knee condition. The requested treatment is not medically necessary and appropriate.