

<b>Case Number:</b>	CM14-0097762		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/28/2002
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Occupational Medicine 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:

Per the records provided, the claimant was described as a 52-year-old male with a injury to the knee on March 28, 2012. The mechanism of injury was a trip and fall from a loading dock. The diagnosis was osteoarthritis. The left knee MRI from August 11, 2011 noted a tear of the posterior horn of the medial meniscus near the tibial root attachment adjacent to a chondral flap lesion of the medial femoral condyle and thickened medial ply cup. The right knee from January 4, 2013 noted a SLAP tear involving the posterior horn and body of the medial meniscus, minor framing of the posterior junction, near full thickness cartilage loss in the central weight-bearing portion of the medial femoral condyle, mild degenerative changes in the lateral patellar facet, and moderate effusion with mild diffuse and arthritis. There was a February 23, 2012 left knee arthroscopic surgery. There was a May 19, 2014 PR-2 requesting the CT scan to prepare custom fit instruments for total knee arthroplasty. The injured worker continues to complain of bilateral knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan to 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 Guideline, CT Scan.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, under the use of CT pre-surgically for modeling.

**Decision rationale:** The MTUS is silent on this procedure. The Official Disability Guidelines (ODG) notes that it is not recommended for routine pre-surgical planning prior to TKA. While these innovations may turn out to be worthwhile, their use is currently limited by their expense and debatable clinical significance. (Davis, 2010) Results do not support the superiority of 3D preoperative templating over 2D conventional evaluation in predicting implant size, and 3D templating may not be necessary for preoperatively predicting implant size in TKA. (Kobayashi, 2012) Given this is not yet a supported procedure, the request for a CT scan to the left knee is not medically necessary and appropriate.