

Case Number:	CM14-0183816		
Date Assigned:	11/10/2014	Date of Injury:	08/03/2009
Decision Date:	01/02/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/04/2014

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:

62 -year-old female with reported industrial injury August 3, 2009. Exam note October 16, 2014 demonstrates complaints of constant pain in the left knee. The pain is rated from an 8-9 out of 10 during the day and one tender in the night. There is noted left knee pain radiating to the shin. Constant popping and locking is noted. Left knee pain is noted with prolonged walking, sitting, standing and driving. Left knee pain is noted with a stiffed leg gait. Examination discloses -5 of hyperextension and 120 of flexion. Recommendation is made for revision arthroplasty left knee. Radiographs of left knee obtained on 10/16/2014 demonstrate well fixed total knee components no evidence of migration or loosening is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Scanogram Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Knee and Leg, Radiography (x-rays)

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, CT scan

Decision rationale: CA MTUS/ACOEM is silent on the issue of scanogram. According to ODG, Knee and Leg, CT scan, 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) Detecting subtle or occult periprosthetic fractures. (Weissman, 2006) Three-dimensional CT is not recommended for routine preoperative templating in TKA. In this case there is lack of rationale for a scanogram in this patient. The exam note from 10/16/14 demonstrates a well fixed component. Therefore the medical necessity for a scanogram has not been satisfied and determination is for non-certification.