

<b>Case Number:</b>	CM15-0003052		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	09/02/2006
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 44 year old female was injured 9/2/06 in an industrial accident involving her bilateral knees resulting in immediate pain and swelling. Currently she complains of achiness, stiffness and pain in bilateral knees. Pain intensity is 7-8/10. The pain has compromised her ability to perform activities of daily living. Diagnoses include status post left knee arthroscopy (2008) with revision left knee arthroscopy (2012); right knee arthroscopy (2013). She takes Percocet for pain. Diagnostic studies included radiographs and MRI of knees. Treatments to date include physical therapy, Synvisc One viscosupplementation X3, steroid injection to knees, anti-inflammatories and functional knee brace to the left. Treatments did not offer long-term relief of pain. Because of continued pain the treating provider is requesting conform MIS computed tomography scan, left knee. On 12/15/14 Utilization Review non-certified the request citing ODG and further clarification of clinical records regarding joint space narrowing and disease in more than one compartment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Conform MIS Ct Scan, 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee section, Computed tomography

**Decision rationale:** Pursuant to the Official Disability Guidelines, Conformis CT scan left knee not medically necessary. Computer tomography is recommended as an option for pain after total knee surgery with negative radiographs for loosening. One study recommends computed tomography in patients with painful knee prostheses and equivocal radiographs, particularly for loosening and osteolysis. Computed tomography is superior to radiographs for this diagnosis; and assessing rotational alignment of the femoral component; detecting subtle or occult peri-prosthetic fractures. Three-dimensional CAT scan is not recommended for routine preoperative templating in total knee replacements. Conformis computed tomography is a patient specific meal plan designed by creating a 3-D replica of the knee utilizing computed tomography. In this case, the injured worker's working diagnosis is lateral osteoarthritis. X-rays of the bilateral knees (four views) shows joint space narrowing most pronounced in the lateral compartment (date unknown). The injured worker received Synvisc injections and arthroscopies. The last arthroscopic surgery on the right knee was June 7, 2013. The injured worker had left knee surgery times two. The first was in 2008 and the last, was the left lateral and medial meniscus repair in July 2012. Subjectively, the worker complains of popping, grinding and swelling in the knee. The VAS score is 4 to 5/10. The injured worker is unable to fully extend the knee due to discomfort. The injured worker walks with a limp. Three-dimensional CAT scans are not recommended for routine preoperative templating for total knee replacements. Conformis computed tomography is a patient specific meal plan designed by creating a 3-D replica of the knee utilizing computed tomography. Consequently, three-dimensional CAT scans are not recommended and Conformis computed tomography left knee is not medically necessary.