

Case Number:	CM15-0114343		
Date Assigned:	06/22/2015	Date of Injury:	01/03/2002
Decision Date:	07/22/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/13/2015

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: Arizona, Texas
 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:

The injured worker is a 62 year old male who sustained an industrial injury on 01/03/2002. Current diagnoses include lumbago status post L3-S1 fusion, enthesopathy, and right knee arthritis status post right total knee arthroplasty for osteoarthritis. Previous treatments included medication management, right knee surgeries, lumbar surgery, and right knee injection. Report dated 06/02/2015 noted that the injured worker presented with complaints that included severe back pain, bilateral leg pain, and bilateral knee pain. It was noted that the injured worker had a recent fall on to the right knee. A MRI was requested and authorized but the injured worker has had prior total knee arthroplasty of the right knee and an MRI would not be appropriate. Pain level was not included. Physical examination was positive for a slow right antalgic gait, right knee tenderness, lumbar spine tenderness, left sacroiliac joint tenderness, decreased range of motion in the lumbar spine with pain, right shoulder tenderness with limited range of motion, and positive Neer and O'Briens tests. The treatment plan included a request for a CT of the right knee, the request and appeals for consultation remains denied, continue Norco for pain, and follow up in one month. Disputed treatments include a CT scan without contrast of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (Computed Tomography) scan without contrast material of the right 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 (ODG), Treatment Index, 13th Edition (web), 2015, Knee & Leg- Computed tomography (CT).

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

Decision rationale: The MTUS is silent regarding CT imaging of the knee after TKD. According to the ODG CT scan of the knee is recommended as an option for pain after TKA with negative radiograph for loosening. One study recommends using CT examination in patients with painful knee prostheses and equivocal radiographs, particularly for loosening. In this case, the physical exam does not show any instability of the joint or positive orthopedic signs. There is no documentation showing prior x-rays of the knee. The patient has a stable physical exam and no recent x-ray done. The request for CT of the knee is not medically necessary.