

Case Number:	CM15-0114636		
Date Assigned:	06/22/2015	Date of Injury:	11/27/1996
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on November 27, 1996. Treatment to date has included TENS therapy, pool therapy, biofeedback, lumbar epidural steroid injection, nerve blocks, spinal cord stimulator, home exercise program, MRI of the thoracic spine and medications. Currently, the injured worker reports that she heard a loud popping sensation in her lower back three weeks prior after which she experienced an increase in pain and symptoms in the knee. She has increasing left knee pain which she rates a 10 on a 10-point scale without medications and a 3 on a 10-point scale with medications. She reports increasing low back pain with radiation of the pain down the left lower extremity and rates her low back pain a 10 on a 10-point scale without medication and a 3-8 on a 10-point scale with medications. On physical examination the injured worker has tenderness to palpation over the tibial plateau and anterior tibia. She has received range of motion of the left knee with flexion and had pain with range of motion. The diagnoses associated with the request include failed left total knee arthroplasty. Her treatment plan includes CT scan of the left knee to evaluate loosening hardware, xrays of the left knee, laboratory evaluations, x-rays of the lumbar spine and psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 2015: Knee & Leg (Acute & Chronic) updated 5/05/15: Compute tomography (CT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342.

Decision rationale: There appears to be no indication for the knee CT scan at this time when the previous left knee x-rays showed no loosening for this injury of 1996. There has been no updated X-rays or progression in symptom complaints or clinical findings with acute red-flag conditions to support for bilateral CT knee scan. The patient remains ambulatory with adequate range. Guidelines criteria for imaging study include joint effusion within 24 hours of direct blow or fall/trauma, inability to walk or bear weight immediately or within a week of the trauma, inability to flex the knee to 90 degrees, significant hemarthrosis or red-flag issues, not demonstrated here. The CT scan of the left knee is not medically necessary and appropriate.