

Case Number:	CM15-0120882		
Date Assigned:	07/01/2015	Date of Injury:	05/22/2001
Decision Date:	07/31/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/23/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 59 year-old male who sustained an industrial injury on 05/22/01. He reported neck, back, right shoulder, and bilateral knee pain after repetitive work. Initial diagnoses included bilateral meniscus tear, and left knee degenerative joint disease. Treatments included arthroscopic bilateral knee repair, and physical therapy. His current diagnoses include chondromalacia of the patella, bilateral knee osteoarthritis, and status post bilateral knee surgery. In a progress note dated 04/21/15 the injured worker reports constant bilateral knee pain rated as 7 out of 10 on the right and 5 out of 10 on the left. Physical examination was remarkable for decreased range of motion to bilateral knees; there is tenderness along the medial joint line bilaterally. Treatment recommendations include CT scan of the bilateral knees due to worsening knee pain; he cannot undergo MRI secondary to pacemaker placement. The injured worker is temporarily totally disabled. Date of Utilization Review: 05/28/15

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Computed tomography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347.

Decision rationale: The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tears preoperatively. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Criteria per the ACOEM for ordering a CT of the knee in the provided documentation for review have not been met. Therefore the request is not medically necessary.