

Case Number:	CM15-0121052		
Date Assigned:	07/01/2015	Date of Injury:	09/24/2009
Decision Date:	07/30/2015	UR Denial Date:	06/12/2015
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 48-year-old male, who sustained an industrial injury on 9/24/2009. Diagnoses include sprain/strain thoracic region, joint replaced knee left medial unipolar, pain in joint lower leg status post right and left arthroscopy and unicompartmental arthroplasty, sprain/strain lumbar, pain in joint shoulder and long term use meds NEC. Treatment to date has included surgical intervention (right knee undated, left knee medial meniscectomy 3/2010 and left knee unicompartmental medial arthroplasty 6/19/2012) and medications including Norco 10/325mg, Klonopin, Maxzide, and Prilosec. Per the Primary Treating Physician's Progress Report dated 5/22/2015, the injured worker reported bilateral knee pain with persistent pain especially in the left knee. He rates his pain level with rest and medications as 2/10 and without pain medications he rates his pain as 5-6/10. He uses Norco 1-2 tablets per day. Physical examination revealed an antalgic gait. He ambulated into the room without any assistance. The plan of care included, and authorization was requested, for 3D computed tomography (CT) scan of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D CT (computed tomography) Scan of the Left Knee, Qty 1: 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 & Leg - Three-dimensional CT (computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, knee imaging.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that 3D imaging of the knee offers no benefit or superiority over traditional 2D imaging and therefore is not recommended. The provided documentation for review does not establish a supported need for 3D imaging over 2D imaging. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.