

Case Number:	CM15-0068525		
Date Assigned:	04/16/2015	Date of Injury:	08/16/1998
Decision Date:	05/19/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 70-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 16, 1998. In a Utilization Review report dated March 28, 2015, the claims administrator failed to approve a request for CT imaging of the right knee. A progress note dated February 13, 2015, was referenced in the determination. It was stated that the applicant had undergone earlier failed total knee arthroplasty procedure. The claims administrator's rationale was somewhat difficult to follow. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant reported ongoing complaints of knee pain. The applicant had undergone earlier knee ORIF surgery followed by knee replacement surgery, it was acknowledged. The applicant had undergone a revision knee arthroplasty with development of a subsequent infection. Multiple knee procedures had transpired over the years. The applicant exhibited a well-healed surgical incision about the knee with range of motion observed at 80 degrees. The applicant was described as having x-rays of the knee demonstrating a revision indwelling knee arthroplasty. The knee arthroplasty did appear to be well fixed without osteolysis, loosening, or other complications evident. Persistent discomfort was nevertheless evident. A CT-guided aspiration of the right popliteal cyst was proposed. Permanent work restrictions were endorsed. It did not appear that the applicant was working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the right knee: Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=32606> Variant 6: Pain after TKA: negative radiograph for loosening. Low probability of infection. Guideline Title ACR Appropriateness Criteria® imaging after total knee arthroplasty. Bibliographic Source(s) Weissman BN, Shah N, Daffner RH, Bancroft L, Bennett DL, Blebea JS, Bruno MA, Fries IB, Hayes CW, Kransdorf MJ, Luchs JS, Morrison WB, Palestro CJ, Roberts CC, Stoller DW, Taljanovic MS, Tuite MJ, Ward RJ, Wise JN, Zoga AC, Expert Panel on Musculoskeletal Imaging. ACR Appropriateness Criteria® imaging after total knee arthroplasty. [online publication]. Reston (VA): American College of Radiology (ACR); 2011. 13 p. [95 references] Radiologic Procedure Rating Comments RRL CT knee without contrast 8 Occult fracture, loosening or malposition. 7, 8, 9 Usually appropriate.

Decision rationale: Yes, the proposed CT scan of the knee was medically necessary, medically appropriate, and indicated here. The MTUS does not specifically address the topic of imaging of the knee after total knee arthroplasty. However, the American College of Radiology (ACR) scores CT imaging of the knee an '8/9' in terms of appropriateness in applicants who have residual pain after a total knee arthroplasty in whom an occult fracture, loosening, or malposition is suspected. Here, the applicant had had earlier plain films of the knee, which were apparently negative for any fracture, loosening, osteolysis, etc. Residual pain complaints were nevertheless evident. Moving forward with CT imaging of the knee to delineate the extent of the same and/or exclude the presence of prosthetic fracture, loosening, malposition, etc., was, thus, indicated. Therefore, the request was medically necessary.