

Case Number:	CM15-0073788		
Date Assigned:	04/23/2015	Date of Injury:	09/24/2009
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/17/2015

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, California

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. He reported injury to the left knee during defensive tactics training. He subsequently underwent left knee arthroscopic surgery in December 2009, followed by additional knee surgery in 2012 and in 2014. Diagnoses include internal derangement left knee, with compensatory pain in the right knee, chronic lumbosacral strain, chronic thoracic strain, and probable internal derangement with impingement syndrome of the right shoulder. Treatments to date include activity modification, physical therapy, cortisone injection, orthotics, and Synvisc injections. Currently, he complained of worsening left knee pain rated 4/10 VAS associated with swelling, weakness, numbness and stiffness. On 3/6/15, the physical examination documented concern for loosening and need to replace plaster. The plan of care included obtaining a CT scan of the left knee with MAKO protocol.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan with Mako protocol for the left knee, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Knee Chapter, Computed Tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CT scan of the right knee pg 17.

Decision rationale: According to the guidelines, CT scan is recommended as an option for pain after TKA with negative radiograph for loosening. One study recommends using computed tomography (CT) examination in patients with painful knee prostheses and equivocal radiographs, particularly for: (1) Loosening: to show the extent and width of lucent zones that may be less apparent on radiographs; (2) Osteolysis: CT is superior to radiographs for this diagnosis; recommend CT be obtained in patients with painful knee prostheses with normal or equivocal radiographs and increased uptake on all three phases of a bone scan to look for osteolysis; (3) Assessing rotational alignment of the femoral component; (4) Detecting subtle or occult periprosthetic fractures. Three-dimensional CT is not recommended for routine preoperative templating in TKA. In this case, the claimant did have pain after a unicompartmental arthroplasty. In addition, the claimant did have lucency in the femoral compartment. A TKA was to be avoided and a CT of the left knee with MAKO protocol which involves resurfacing was ordered the claimant already had an MRI on 2/21/4 that showed an abnormal signal in the posterior horn of the medial meniscus. The claimant underwent a meniscectomy subsequently. In this case, the claimant's exam or clinician's suspicions did not indicate the criterion above. The request for a CT with a MAKO protocol is not medically necessary.