

<b>Case Number:</b>	CM15-0090332		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	04/06/1989
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Florida, 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 injured worker is a 55 year old female who sustained an industrial injury on 04/06/1989. The injured worker was diagnosed with degenerative joint disease of the knees. Treatment to date includes diagnostic testing, simultaneous knee surgery, physical therapy (approximately 34 sessions) and medications. The injured worker is status post bilateral total knee replacements on November 3, 2014. According to the primary treating physician's progress report on April 9, 2015, the injured worker was discharged from physical therapy secondary to plateau of progress. The injured worker reports overall improvement to be 60% in the left knee and 20% in the right knee. A genu valgus of the right lower extremity was documented. The injured worker rates her pain level at 4/10 in the left knee and 3/10 in the right knee. The injured worker ambulates without assistive devices and has an altered gait due to pain. Current medications were not noted. The injured worker is to continue with her home exercise program. According to the to the Utilization Review determination letter, a peer to peer discussion clarified the provider's request for a Computed Tomography (CT) scanogram of the right ankle, knee and hip to evaluate hardware components and not a Computed Tomography (CT) scan. The Utilization Review modified the authorization to reflect the provider's request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CAT Scan right ankle, hip and knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter computed tomography (CT).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): The California MTUS, specifically ACOEM Chapter 13 for the knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Chapter, under CT.

**Decision rationale:** The MTUS is silent on CT imaging of the ankle. The ODG notes that ankle CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. However, in this case, the claimant has had prior advanced imaging studies, without clinical, subjective, or objective evidence of worsening since the last study to warrant a repeat imaging study. The request was appropriately non-certified as it pertains to the ankle. The California MTUS, specifically ACOEM Chapter 13 for the knee, note: The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall; Palpable tenderness over fibular head or patella; Inability to walk (four steps) or bear weight immediately or within a week of the trauma; Inability to flex knee to 90 degrees. Again, criteria are not met for the study. Regarding imaging of the hip, the ODG notes: Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. The indications for the image for the hip include: Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; Tumors. It is not clear the claimant had these conditions or why CAT scans would be beneficial and effective for further injury diagnosis for the 1989 injury. The requests are not medically necessary.