

Case Number:	CM15-0093618		
Date Assigned:	05/19/2015	Date of Injury:	12/10/2008
Decision Date:	06/19/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/14/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 58 year old female who sustained an industrial injury on 12/10/08 from a trip and fall injuring her right shoulder, right knee, hips and back. She was recovering from back surgery at the time of the accident. Currently the pain is in the low back and is constant with radiation into the left leg to the toes and right leg to the knee and burning, numbness and tingling in the right thigh. She rates her pain 5/10. There is limited range of motion of the lumbar spine. In addition there is right shoulder pain. She has sleep difficulties as she is awakened by the pain. She ambulates with a limp. Her activities of daily living are limited regarding self-care, toileting, housework, driving and sleeping. She has had two different medications, had physical therapy, epidural injection and sacroiliac joint injection. The physical exam of the back and lower extremities reveal decreased range of motion. MRI of the lumbar spine (2012) shows post- surgical changes, left sided foraminal herniation; electromyography showed S1 radiculopathy; MRI of the right shoulder showed symptomatic recurrent rotator cuff tear. Medications are omeprazole, Cymbalta, gabapentin, Lidocaine patch. Diagnoses include status post right knee surgery X4 , left knee X2, right shoulder X2; chronic lumbosacral strain; status post instrumented fusion from L3 to L5; moderately severe degenerative disc disease at L5-S1; small to moderate foraminal herniation at L5-S1 on the left (2012); chronic pain syndrome; internal derangement of the right knee; subacute right L5 radiculopathy. On 4/20/15 Utilization Review accessed requests for conforms computed tomography of the right knee and Bauerfeind-shoulder brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conformis CT scan of the right knee: 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 (CT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Computed tomography (CT).

Decision rationale: ACOEM states "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. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons." ACOEM guidelines do not recommend CT for knee pathology. MRI is the preferred diagnostic tool. ODG states "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. (Weissman, 2006) Three-dimensional CT is not recommended for routine preoperative templating in TKA." CT is superior when evaluating bony abnormalities as described by ODG. The treating physician has not provided documentation of the above described diagnosis. The rationale behind this request is unclear. As such, the request for Conformis CT scan of the right knee is not medically necessary.

Bauerfeind-shields brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: ACOEM states "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its

benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The patient is not diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. As such the request for Bauerfeind-shields brace is not medically necessary.