

Case Number:	CM15-0103617		
Date Assigned:	06/08/2015	Date of Injury:	07/26/1994
Decision Date:	10/13/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/29/2015

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 59 year old female, who sustained an industrial-work injury on 7-26-94. She reported initial complaints of right knee pain. The injured worker was diagnosed as having reflex sympathetic dystrophy (RSD) of the lower limb and chronic pain syndrome. Treatment to date has included medication, injections, and spinal cord stimulator (SCS). Currently, the injured worker complains of chronic right knee pain secondary to RSD (reflex sympathetic dystrophy) pain syndrome along with right medial aspect of groin pain. Some ADL's (activities of daily living) were possible using oral and topical medication. A wheelchair and crutches are utilized. Per the primary physician's progress report (PR-2) on 5-11-15, objective findings revealed alert and oriented, fatigued, no swelling or tenderness in any extremity, normal muscle tone in all extremities, and no rashes or lesions. Current plan of care included diagnostic testing and home health care. MRI was not completed due to having a SCS. The requested treatments include (CT) Computed Tomography scan of the right knee without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed tomography scan of the right knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 374.

Decision rationale: The ACOEM chapter on knee complaints states: Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. 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. Table 13-5 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. Review of the medical records provided does not show the patient to meet criteria for imaging per the ACOEM as cited above and the request is thus not medically necessary.