

Case Number:	CM13-0021015		
Date Assigned:	12/27/2013	Date of Injury:	03/22/1999
Decision Date:	04/04/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 76-year-old female injured in a work-related accident on March 22, 1999. A recent clinical assessment by [REDACTED] on August 7, 2013 diagnosed the claimant with right knee pain and noted that she did well following a right knee replacement procedure in November of 2007. He also documented radiographic evidence of end stage degenerative change in her right hip. [REDACTED] documented that examination findings showed range of motion of 0 to 120 degrees with slight mediolateral laxity, and no signs of swelling or effusion. Recommendation was made for a bone scan for further workup given her continued complaints of pain of the knee. A previous assessment from January 14, 2013 also fails to show any degree of imaging in regard to the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

NM Bone Scan, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedure - Bone Scan (Imaging).

Decision rationale: The California MTUS guidelines are silent. When looking at Official Disability Guideline criteria, the request for a bone scan cannot be supported. Bone scans are only recommended in the presence of loosening is noted status post arthroplasty procedure with negative radiographs and negative aspiration for infection. The records in this case, while demonstrating continued complaints of knee pain, indicate the claimant has end stage degenerative change of the right hip that could correlate with the claimant's lower extremity pain complaints. There are no reports of recent imaging or formal physical examination findings that would give an impression of loosening. The absence of recent imaging in addition to evidence of the claimant's end stage arthritic change to the right hip would fail to support the request for a bone scan at this time.