

<b>Case Number:</b>	CM13-0031770		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	11/21/1998
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 patient is a 66-year-old female who reported an injury on 11/21/1998. The patient is currently diagnosed with right elbow lateral epicondylitis, bilateral wrist pain and right carpal tunnel syndrome, lumbar spine pain and left sciatica, status post left knee arthroscopy in 1999, status post left knee surgery in 2002, status post left knee manipulation under anesthesia in 2008, status post left knee manipulation under anesthesia in 2009, status post removal of unicompartamental prosthesis in 2010, status post left knee medial arthroscopy in 2010, and status post cemented left total knee replacement. Treatment recommendations included continuation of current medications and a followup with [REDACTED] regarding gallium bone scan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One bone scan and gallium scan of bilateral knees:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter, Bone scan (imaging).

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Official Disability Guidelines state bone scan imaging is recommended after total knee replacement if pain caused by loosening of the implant is suspected. In pain after total knee arthroplasty, after a negative radiograph for loosening and a negative aspiration for infection, a bone scan is a reasonable screening test. As per the clinical notes submitted, the patient's latest physical examination is documented on 09/25/2013 by [REDACTED]. Physical examination of the left knee revealed healed surgical scars, no erythema or drainage, slight varus alignment, poor range of motion, and atrophy of the quadriceps muscles. A CT scan of the left knee obtained on 01/23/2013, was negative for loosening. The patient declined to have a knee aspiration done on 08/30/2013. Therefore, a bone scan of the left knee can be determined as medically appropriate. However, there is no evidence of a significant musculoskeletal or neurological deficit with regard to the right knee that would warrant the need for a bone scan. Therefore, the request as submitted cannot be determined as medically appropriate and is non-certified

**Neurontin 300mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** California MTUS Guidelines state gabapentin is an antiepilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. As per the clinical notes submitted, the patient does not maintain a diagnosis of neuropathic pain. The patient has been continuously utilizing Neurontin. Despite the ongoing use, the patient continues to report significant pain and dysfunction with diminished range of motion. Satisfactory response to treatment has not been indicated. Based on the clinical information received, the request is non-certified.