

Case Number:	CM13-0053381		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2010
Decision Date:	03/10/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Pain Medicine 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 injured worker's date of injury was April 20, 2010. The patient continues with chronic knee pain of unclear etiology. The patient has had multiple knee MRIs as documented by an agreed medical evaluation performed on December 30, 2013. The first knee MRI on date of service May 28, 2010 demonstrated "intrasubstance degeneration at the lateral and medial menisci. There was no surfacing meniscal tear observed." A second MRI dated 7/1/11 revealed healing stress fracture in the medial proximal tibia and mild patellar tendon strain. Another MRI of the right knee demonstrated small joint effusion and tiny popliteal cyst, with no ligament tear, bony contusion, or fracture. This MRI was performed on December 19, 2011. It is noted that an x-ray of the knee on October 17, 2011 demonstrated no evidence of stress fracture. The agreed medical evaluation did conclude that the evaluator felt a bone scan was not needed. The disputed issues include a request for bone scan as well as a functional restoration program. The patient has tried multiple medications, physical therapy, acupuncture, activity modification, aquatic therapy, and home exercises. She is on ibuprofen, hydrocodone, and topical nonsteroidal anti-inflammatory drugs. A utilization review determination had noncertified the request for bone scan and functional restoration program. The stated reason for the denial of functional restoration program was that there is "limited evidence of failed conservative care to justify participation in this program at this time."

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan: 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), TWC Knee and Leg Procedure Summary.

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

Decision rationale: The California Medical Treatment and Utilization Schedule and ACOEM Guidelines do not specifically address bone scans for knee pathology. The Official Disability Guidelines Knee Chapter state the following regarding bone scans: "Recommended after total knee replacement if pain caused by loosening of implant 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. Evaluation of 80 bone scans in patients with symptomatic TKAs found that the method distinguished abnormal patients (loosening or infection) from normal ones with a sensitivity of 92%. (Weissman, 2006)". In the case of this injured worker, there is documentation of chronic knee pain with some uncertainty to the etiology of this pain. However, guideline criteria for use of bone scan of the knee is not met. MRI of the knee has already been performed and this is a more sensitive test to detect knee pathology. This request is not certified.

Functional Restoration Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program/FRP Page(s): 31-33.

Decision rationale: In this injured worker, there is ample evidence that conservative care to date has not relieved this worker's pain. The submitted documentation indicates that the patient has tried multiple medications, physical therapy, acupuncture, activity modification, aquatic therapy, and home exercises. She is on ibuprofen, hydrocodone, and topical nonsteroidal anti-inflammatory drugs. However, the guidelines also specify that negative predictors of success must be addressed in order for participation in a functional restoration program. These negative predictors of success include investigating the following issues: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. Given the lack of documentation that negative predictors of success have been thoroughly addressed, this request is not certified.

