MAXIMUS Federal Services

Case Number:	CM13-0055632		
Date Assigned:	12/30/2013	Date of Injury:	01/02/1976
Decision Date:	03/26/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 Orthopaedic Surgery, and is licensed to practice in Texas. 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 71-year-old male who reported an injury on 01/02/1976. The mechanism of injury was not submitted. The patient was diagnosed with left knee sprain/strain status post multiple surgeries; right knee sprain/strain status post multiple surgeries; bilateral knee post total knee replacement; chronic pain; opiate dependence; and bilateral leg swelling, most likely due to Lyrica. The physician's progress report dated 11/04/2013 stated the patient was seen for a followup for the bilateral knees. The patient had severe knee medial tibial tendinosis. The patient had limitations with walking and standing. Active range of motion with the bilateral knees was 0 degrees to 115 degrees. The patient was weak to the bilateral lower extremities. The patient walked with a limp and guarding. The patient had a bone scan about 1 year ago that was positive on the right and negative on the left. The patient was recommended a repeat triple-phase indium labeled bone scan of the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triple Phase Indium labeled bone scan bilateral knees (repeat): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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), Knee & Leg, Bone scan (imaging)

Decision rationale: CA MTUS/ACOEM state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The Official Disability Guidelines go on to state bone scans are recommended after total knee replacements if pain caused by loosening of implant is suspected. The patient complained of bilateral knee pain; however, the patient had a bone scan approximately 1 year ago and the clinical documentation submitted for review does not indicate a change in the patient's symptoms. Given the lack of documentation to support guideline criteria, the request is non-certified.