

Case Number:	CM13-0061939		
Date Assigned:	12/30/2013	Date of Injury:	01/20/2013
Decision Date:	03/20/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/05/2013

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 Internal Medicine and is licensed to practice in New York. 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 year old male with a date of injury on 01/20/2013. He was stretching a carpet with his knee when he noted left knee pain. The initial diagnosis was left knee contusion with bursitis from repeatedly hitting his left knee during carpet installation. On 02/22/2013 he had left knee pre-patella bursitis and 7 ml of clear fluid was drained. He had a left knee arthroscopic debridement and medial meniscuscectomy on 06/17/2013. He continued to have knee pain despite post operative physical therapy, steroid injection (09/11/2013), NSAIDS and opiates. A MRI of the left knee on 10/14/2013 revealed post operative changes. There was no evidence of infection. The request is for a bone scan.

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 cite any medical evidence for its decision.

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.

Decision rationale: MTUS/ACOEM guidelines do not address the medical necessity for a bone scan after knee injuries. ODG recommends bone scans for knee injuries only after a total knee

arthroplasty in a patient with continued pain to assess loosening of an implant after a knee aspiration has ruled out infection. This patient never had a total knee arthroplasty and there are no implants. There is no sign of infection and the patient already had a post operative MRI of the knee that did not show any signs of osteomyelitis.