MAXIMUS Federal Services

Case Number:	CM13-0065030		
Date Assigned:	01/03/2014	Date of Injury:	06/10/2006
Decision Date:	03/27/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/12/2013

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 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:

This 52-year-old male is status post right reverse total shoulder arthroplasty, almost four years ago. The 11/7/13 treating physician report cited a one-year history of significant right shoulder pain. Subjective complaints included posterior shoulder pain radiating down the lateral aspect of the arm, inconsistently associated with movement. Exam findings documented right shoulder guarding and moderate to marked loss of range of motion. (Pain was reported with range of motion mostly along the medial border of the scapula near the rhomboid insertion.) X-rays of the right shoulder revealed stable reverse components that did not show any signs of loosening or lysis suggestive of an infection. The provider indicated that the patient's pain response was out of proportion to his expectation and expressed concern about the possibility of an infection or loosening despite the absence of radiographic evidence. The treating physician requested blood work, bone scan, and bone marrow scan to look for signs of infection and/or loosening. Bone scan and WBC scan were certified in utilization review. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone marrow 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 National Guideline Clearinghouse; Diagnosis and Management of Prosthetic Joint Infections: Clinical Practice Guidelines. Infectious Diseases Society of America

Decision rationale: The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not provide recommendations for bone marrow scans. The National Guideline Clearinghouse was referenced. Guidelines state that imaging studies such as bone scans, leukocyte scans, MRI, CT scan, and PET scans should not be routinely used to diagnosis prosthetic joint infection. Guidelines suggest arthrocentesis for all patients with suspected acute prosthetic joint infections. A bone scan and WBC scan have been certified. There is no evidence to support the need for an additional bone marrow scan. In the absence of guideline support, this request for bone marrow scan is not medically necessary.