

<b>Case Number:</b>	CM13-0065544		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	12/31/1986
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 expert 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:

According to the records made available for review, this is a 26-year-old male with a 12/31/86 date of injury. At the time (9/30/13) of request for authorization for bone density test, there is documentation of objective (left knee swelling and 2+ effusion) findings and current diagnosis (degenerative joint disease). Medical reports identify a request for repeat bone density. There is no additional clear and legible (given that the medical reports provided for review are largely illegible due to being hand written and reproduced) documentation from the treating physician identifying the medical necessity of a repeat bone density test. There is no documentation of the need to determine whether osteoporosis is present in individuals of appropriate age and risk factors having an injury including a fracture; or to monitor for osteoporosis in individuals who are being treated for other conditions if that condition or the treatment of the condition is associated with the development of osteoporosis. In addition, there is no documentation a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to monitor a therapy or treatment).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BONE DENSITY TEST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web) Knee & Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Bone densitometry, Minnesota Rules, 5221.6100 Parameters for Medical Imaging

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that under the optimal system, a clinician acts as the primary case manager; the clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. ODG identifies documentation of the need to determine whether osteoporosis is present in individuals of appropriate age and risk factors having an injury including a fracture; or to monitor for osteoporosis in individuals (usually with Bone Density Measurements or DEXA scans) who are being treated for other conditions if that condition or the treatment of the condition is associated with the development of osteoporosis (such as monitoring of an individual who is of appropriate age and treated for a condition with prednisone at doses greater than 7.5 mg per day for more than 3 months), as criteria necessary to support the medical necessity of bone density test. In addition, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to monitor a therapy or treatment), as criteria necessary to support the medical necessity of a repeat study. Within the medial information available for review, there is documentation of a diagnosis of degenerative joint disease. However, there is no documentation of the need to determine whether osteoporosis is present in individuals of appropriate age and risk factors having an injury including a fracture; or to monitor for osteoporosis in individuals who are being treated for other conditions if that condition or the treatment of the condition is associated with the development of osteoporosis. In addition, given documentation of a request for a repeat bone density test, there is no documentation a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to monitor a therapy or treatment).