

Case Number:	CM13-0065953		
Date Assigned:	01/03/2014	Date of Injury:	08/08/2011
Decision Date:	04/24/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 Orthopedic 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 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:

The claimant is a 57-year-old female injured in a work-related accident on 8/8/11. Specific to the claimant's left knee, the clinical records for review indicated that the claimant underwent a 2/25/13 left total knee arthroplasty following failed conservative measures that included two prior operative arthroscopies. Recent note from 9/10/13 documented complaints of pain and stiffness with radiographs reviewed that demonstrated excellent position of components. Further imaging or testing in this case was not noted. An August 6th examination documented that the claimant did not have any effusion, had full extension, and 90 degrees range of motion. Further physical examination findings were not noted. The treating provider, [REDACTED] recommended a bone scan to assess for stress fracture or possible signs of infection based upon the claimant's lack of motion and continued subjective complaints of stiffness and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE IMAGING THREE PHASE FOR THE LEFT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. The claimant presents with stiffness, difficulty with range of motion, and incomplete rehabilitation greater than eight months from the time of operative arthroplasty. The role of a bone scan to assess for bony abnormality including loosening or infection as recommended by the Official Disability Guidelines is necessary. The request for a bone imaging scan, three phase for the left knee is medically necessary and appropriate.