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| Case Number: | CM14-0002521 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 08/09/2009 |
| Decision Date: | 06/16/2014 | UR Denial Date: | 12/23/2013 |
| Priority: | Standard | Application Received: | 01/07/2014 |

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 records reviewed reflect the injury occurred on August 9, 2009 for this 68-year-old individual. The work status report indicated the injured worker to be temporarily partially disabled between January 24, 2014 and February 28, 2014. A lifting/carrying and pushing/pulling restriction is identified. An orthopedic consultation was completed on January 3, 2014. The diagnoses are persistent knee pain status post total knee arthroplasty and a possible postoperative indolent infection. Laboratory studies are reported to be negative. It was reported that it is unlikely that the injured employee has infection. It was suggested that a revision of the total knee arthroplasty may be necessary. The total knee arthroplasty was completed on March 4, 2013. Postoperative physical therapy was completed. Pain continued to be an issue and multiple interventions were attempted. Topical medications were not certified in the preauthorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE TECHNETIUM BONE SCAN AND GALLIUM SCAN: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute; ODG Treatment In Worker's Compensation, 11th Edition 2013, Knee Chapter.

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 Updated.

Decision rationale: When noting the date of injury, the injury sustained, the treatment rendered to include a total knee arthroplasty, and subsequent to that surgery the laboratory studies and imaging data, there is no indication of a loosening of the device or infection. As such, as outlined in the ODG, with no identification of loosening on plain film, no identification of infection after aspiration, this is an appropriate screening tool for symptomatic individuals status post total knee arthroplasty. The request for a right knee technetium bone scan and gallium scan is medically necessary and appropriate.