

Case Number:	CM14-0002913		
Date Assigned:	01/29/2014	Date of Injury:	04/25/2012
Decision Date:	06/19/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/08/2014

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 Podiatrist 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 injured worker is a 47-year-old male who reported an injury on 04/25/2012, due to jumping off his work truck to avoid being hit by tires. The clinical note dated 12/03/2013 the injured worker presented with constant bilateral foot dull pain and an occasional sharp pain in his left foot. The injured workers physical exam revealed normal range of motion values with no swelling, no effusion, no ecchymosis, no deformity, and no erythema. The provider has recommended a bone scan. The request for authorization form was not included in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

OME (1) BONE SCAN BETWEEN 12/4/2013 AND 1/18/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE AND LEG CHAPTER, BONE SCAN (IMAGING).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, BONE SCAN..

Decision rationale: The Official Disability Guidelines (ODG) recommends a bone scan after total knee replacement if pain caused by loosening of implant suspected or in pain after total knee arthroplasty, after a negative radiograph for loosening and a negative aspiration for infection. The documentation lacks evidence of the injured workers diagnoses congruent with the guidelines specifications for the bone scan. The injured workers physical exam revealed normal range of motion values with no swelling, no effusion, no ecchymosis, no deformity, and no erythema. There is lack of functional deficit noted in the documentation provided, and it was unclear how the bone scan would allow the requesting physician to provide further treatment options. Therefore, the request is non-certified.