

Case Number:	CM14-0006371		
Date Assigned:	02/07/2014	Date of Injury:	05/28/2009
Decision Date:	12/23/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 28, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; a total knee arthroplasty procedure; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated December 19, 2013, the claims administrator failed to approve a request for a triple-phase whole body bone scan apparently requested on December 10, 2013. The claims administrator stated that the attending provider had endorsed the bone scan to evaluate for loosening of a prosthesis. The claims administrator invoked non-MTUS ODG guidelines to deny the request, noting that the applicant had undergone a negative synovial fluid aspiration but that the results of a more definitive culture were not as yet available. The applicant's attorney subsequently appealed. In a progress note dated May 29, 2013, the applicant was described as seven months removed from the date of his left knee total knee arthroplasty. The applicant was placed off of work, on total temporary disability, while additional physical therapy was ordered. The remainder of the file was surveyed. It did not appear that the December 10, 2013 progress note on which the article in question was sought was incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Whole Body Bone Scan-Triple Phase 3M30C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT INDEX, 11TH EDITION (WEB), 2013, KNEE AND LEG CHAPTER, BONE SCAN (IMAGING)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology (ACR), Imaging after Total Knee Arthroplasty.

Decision rationale: The MTUS Guideline in ACOEM Chapter 13 briefly touches upon bone scanning, noting in Chapter 13, Table 13-5, page 343 that bone scanning scored a 0/4 in its ability to identify and define suspected prepatellar bursitis, tendinitis, and/or regional pain syndrome. Here, however, the applicant underwent a total knee arthroplasty procedure. The applicant had persistent pain about the prosthesis; it was noted in the claims administrator's Utilization Review Report. A radiograph was apparently negative for loosening. An aspirate was reportedly negative or inconclusive, the attending provider posited. While the American College of Radiology (ACR) does acknowledge that nuclear medicine bone scanning is considered the next study following radiographs in applicants in whom infection is suspected and a joint aspirate was negative, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The December 10, 2013 progress note on which the article in question was sought was not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiates the request. Specifically, there was no clearly voiced suspicion of an infected total knee prosthesis for which the bone scanning in question would have been appropriate, per ACR. Therefore, the request is not medically necessary.