

<b>Case Number:</b>	CM14-0008813		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	11/16/2006
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 61-year-old male with date of injury 11/16/2006. Per [REDACTED] handwritten progress report 10/15/2013, the patient presents with bilateral knee pain worse than the right side. This report is very difficult to make out due to the handwriting that is difficult to read, but there is another report dated 10/15/2013 by [REDACTED] which is typewritten and is entitled, Initial Orthopedic Evaluation and Request for Authorization. This report indicates that the patient underwent single stage bilateral total knee replacement by [REDACTED] in 2007, and prior to that, 2 arthroscopic procedures were performed in the right knee by another physician. The patient had poor outcome from the right knee replacement. Examination showed the patient having difficulty without a cane, weight bearing heavily on the right side. There was full extension of the left knee and flexion to 90 degrees, on the right side 20-degree flexion contracture, maximum flexion to 70 degrees and 10-degree varus alignment. Recommendation was for CRP, CBC, and differential and ESR blood tests, aspiration of the knee for culture, technetium bone scan, 3-dimensional CT scan of the knee, and then MRI with metal suppression technique for evaluation of reactive cyst and/or osteomyelitis. The patient will clearly require revision of arthroplasty at the right side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TECHNETIUM BONE SCAN, BILATERAL KNEES:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Bone Scans.

**Decision rationale:** This patient presents with persistent bilateral knee pain following bilateral knee arthroplasties from 2007. The request is for bone scan of the bilateral knees. The patient presents with persistent bilateral knee pain, worse on the left side, with diminished range of motion to 20 to 70 degrees of flexion. X-ray showed some abnormalities as noted by treating physician. The treating physician is concerned about potential infection of the knee and has asked for bone scan. ODG Guidelines state a bone scan is recommended for total knee replacement if pain caused by loosening of the implant is suspected. It further states when there is pain after total knee arthroplasty, after a negative radiograph or loosening and a negative aspiration or infection, a bone scan is a reasonable screening test. Given that this patient has persistent problems with the knees and the treating physician's suspicion for loosening as well as infection, the request is medically necessary.