

Case Number:	CM14-0010918		
Date Assigned:	02/21/2014	Date of Injury:	08/08/2011
Decision Date:	08/04/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 patient is a 57-year-old female who has submitted a claim for pain in joint, lower leg, associated with an industrial injury date of August 8, 2011. Medical records from 2013 were reviewed. The patient was being treated for valgus osteoarthritis of the left knee and is status post left total knee replacement on February 25, 2013. She still complains of left knee pain rated 7/10. Physical examination showed very slight warmth over the left knee with limited but smooth range of motion (ROM). X-rays were obtained on March 26, 2013 and revealed excellent position of the components. The diagnoses included valgus osteoarthritis of the left knee; status post left total knee replacement (February 25, 2013); status post arthroscopic partial lateral meniscectomy and chondroplasty, lateral tibial plateau and patella, left knee (December 30, 2011); and status post arthroscopic debridement, chondroplasty of medial meniscus and lateral tibial plateau, left knee (September 17, 2012). Treatment plan includes blood work and bone scan to look for stress fractures and signs of infection. Treatment to date has included oral analgesics, left total knee replacement, physical therapy, aqua therapy and home exercise program. Utilization review from January 16, 2014 denied the request for left knee bone scan because the documentation does not indicate a suspected loosening of the implant or infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE SCAN OF THE LEFT KNEE: 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.

MAXIMUS guideline: The Expert Reviewer 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).

Decision rationale: ODG states that bone scans are recommended after total knee replacement if pain caused by loosening of implant is suspected. It is also a reasonable screening test for pain after total knee arthroplasty, after a negative radiograph for loosening and a negative aspiration for infection. In this case, a bone scan was requested to look for stress fractures and possible infection. X-ray of the left knee showed excellent positioning of the components. However, there were no objective evidences of infection, and aspiration of the left knee was not done. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request is not medically necessary.