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| Case Number: | CM14-0014030 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 04/30/2013 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/28/2014 |
| Priority: | Standard | Application Received: | 02/04/2014 |

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, has a subspecialty in Preventative 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:

Patient is a 42 year-old male with date of injury April 30, 2013. The medical record associated with the request for authorization, an orthopedic consultation, dated November 19, 2013, lists subjective complaints as left posterolateral knee pain. The pain is localized over the lateral side of the knee joint and radiates proximally and distally. It is worsened with prolonged walking or standing. Patient underwent an MRI of the left knee on May 20, 2013, which revealed some marrow edema involving the central portion of the tibia near the tibial spines, possibly related to a stress or overuse injury. There was no evidence of tear, fracture or contusion. Objective findings: Examination of the left knee revealed the lateral side of the knee joint, especially the tibial fubular joint, was tender both anteriorly and posteriorly. Deep palpation provoked pain of which the patient was complaining. Active range of motion was full and equal to the opposite normal side, 0-135 degrees. There was full hyperextension. Diagnosis: 1. Left lateral knee pain, possible due to tibial degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE IMAGING LIMITED AREA: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Bone Scan (Imaging).

Decision rationale: According to the Official Disability Guidelines, a bone scan is recommended after total knee replacement if pain caused by loosening of implant suspected. In pain after total knee arthroplasty, after a negative radiograph for loosening and a negative aspiration for infection, a bone scan is a reasonable screening test. The patient has not had a total knee replacement. The request is not medically necessary.