

Case Number:	CM14-0014977		
Date Assigned:	02/21/2014	Date of Injury:	08/17/2001
Decision Date:	07/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/06/2014

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 Internal 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 60 year old female who was injured on 08/17/2001. The mechanism of injury is unknown. The diagnostic studies reviewed included an MRI of the left knee dated 07/10/2013 revealed, slight anterior tilt of the femur relative to the tibia, a finding that is sometimes associated with an ACL tear, complex tear of the mid body and posterior horn of the medial meniscus, and diffuse attenuated appearance of the anterior cruciate ligament with a tear at its proximal attachment. The echocardiogram dated 11/19/2013 revealed normal-sized contracting left ventricle with ejection fraction of 51%, moderate concentric left ventricular hypertrophy, mild left atrial enlargement, mild mitral and tricuspid insufficiency and borderline pulmonary hypertension. On RFA dated 01/7/2014, the patient complained of persistent left knee pain. She also complains of right knee pain but it is not the evaluated injured part. She also has hypertension and diabetes. The objective findings on exam revealed tenderness along the left knee joint. There is mild swelling present. The range of motion exhibits extension is 170 degrees; flexion is 90-100 degrees with pain and tenderness along the joint line. The diagnoses are internal derangement of the left status post previous arthroscopy, depression and sleep disorder. The treatment plan is the patient received medications including tramadol ER 150 mg, LidoPro lotion 4 ounces. The patient was awaiting results from nuclear scan from cardiology to proceed with surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCLEAR SCAN (PER REPORT DATED 01/07/14) QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://www.ncbi.nlm.nih.gov/pubmed/23897851><http://www.ncbi.nlm.nih.gov/pubmed/24948152>
<http://www.nhlbi.nih.gov/health/health-topics/topics/nscan/>.

Decision rationale: The CA MTUS and ODG do not discuss the issue in dispute. The National Institute of Health (NIH) guidelines recommend nuclear heart scan when suspicion for heart disease is present or for evaluation of possible coronary artery disease. The documents indicate the patient had a myocardial stress test in November 2013 with no evidence of myocardial ischemia. It is unclear from the documents provided why another myocardial test would be required in January 2014. The documents did not sufficiently discuss why a nuclear scan is ordered and how the test may alter management. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.