

Case Number:	CM14-0111324		
Date Assigned:	09/05/2014	Date of Injury:	09/27/2011
Decision Date:	10/30/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine and Rehabilitation 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 53-year-old male with a date of injury of 09/27/2011. The listed diagnoses per [REDACTED] are: 1. Internal derangement, right knee. 2. Status post knee replacement with failure to improve. This patient is status post right knee total replacement on 02/27/2014. According to progress report 06/11/2014, the patient presents with significant pain and stiffness in his knee joint. The treater states that the patient is "completely failing to improve with his knee despite our best attempts at treatment." Physical therapy is not helping, and the patient continues with significant problems including progressive ankylosis of the knee joint. Examination revealed, "He rates his pain 10/10 and cannot walk without significant limp." The treater is requesting a three-phase bone scan to rule out reflex sympathetic dystrophy. Utilization Review denied the request on 06/26/2014. Treatment history reports from 01/08/2014 through 06/11/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three Phase Bone Scan: 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) ODG guidelines regarding bone scan, under Knee chapter following knee replacement

Decision rationale: This patient presents with chronic right knee pain. He is status post right knee total replacement on 02/27/2014 and is not improving. The treater would like a three-phase bone scan to rule out reflex sympathetic dystrophy. Utilization review denied the request, the rationale for the denial was not provided. The ODG guideline has the following regarding bone scan for under its Knee chapter following knee replacement, "Recommended after total knee replacement if pain caused by loosening of implant suspected." It does not appear that this patient has had any work up since his right knee replacement on 2/27/14. Given his continued "significant pain and stiffness," a bone scan for further investigation is reasonable. Recommendation is for approval.