

Case Number:	CM14-0134615		
Date Assigned:	08/29/2014	Date of Injury:	03/21/2003
Decision Date:	09/29/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/22/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 50-year-old with an injury date of March 21, 2003. The July 22, 2014 progress report by [REDACTED] states that the patient presents with increased swelling and pain in the knee. She states the pain to be constant since a fall in October 2013. The patient feels the knee is unstable. The treater notes the patient does errands and shopping and can carry a 10 pound bag. Examination reveals that the treater was unable to detect instability as the patient would not relax. The patient's diagnoses include: 1. Ongoing cervical myelopathy and discopathy most significant at C4-5 and C5-6 needing surgical correction. 2. Lumbar discopathy with radiculopathy two levels at L4-5 and L5-S1 needing surgical correction to be done after the cervical procedure. 3. Status post total knee arthroplasty on the right in September 2011 with correctional osteotomy on the proximal tibia done August 12, 2012. 4. Intermittent and recurrent contusions of ankle and foot due to recurrent falling felt to be secondary to ongoing myelopathy and radiculopathy. 5. Impingement syndrome of the right shoulder compensatory. The utilization review being challenged is dated August 5, 2014. The rationale is that evidence based guidelines recommend bone scans following total knee replacement if pain is caused by loosening of the implant and following negative x-rays and aspiration. In this case there was no aspiration to check for infection. Treatment reports were provided from May 11, 2013 to July 22, 2014

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Technetium Bone Scan of Both Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (Acute & Chronic).

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 and chronic.

Decision rationale: The patient presents with increased pain and swelling in the right knee. The treater requests for a technetium bone scan of both lower extremities to rule out infection and be more indicative of loosening. The MTUS guidelines do not discuss bone scans of the knee. The ODG guidelines for the Knee and Leg (Acute and chronic) state, "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 July 22, 2014 report references radiographs and the treater states, "I do not see any lysis or any periosteal elevation, which will be indicative of an infection. I rather think that she may have some ligamentous instability when she fell, which makes her knee to swell." In this case, the treater believes the ligamentous instability is an issue. There is no aspiration that is negative. The treater has asked for bonescan but does not provide a specific discussion regarding the rationale. ODG guidelines require a negative aspiration before bone scan is to be used. Therefore, the request for one technetium bone scan of both lower extremities is not medically necessary or appropriate.