

Case Number:	CM14-0158136		
Date Assigned:	10/01/2014	Date of Injury:	01/19/2012
Decision Date:	11/25/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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:

This 55 year-old patient sustained an injury on 1/19/12 while employed by [REDACTED]. Request(s) under consideration include 3 Phase Bone Scan for the right knee QTY: 1. Diagnoses include s/p right total knee replacement with symptomatic osteoarthritis of left knee; hand cellulitis. Conservative care has included medications, therapy, and modified activities/rest. Report of 7/17/14 from the provider noted the patient with ongoing chronic bilateral knee pain. Exam showed small right knee effusion; limited range of flex/ext on left of 115/3 degrees; on right 110/-5 degrees; tri-compartmental tenderness with intact sensation. Treatment request is for bone scan of right knee to rule out possible occult infection or loosening of prosthesis; blood work; and Orthovisc injection to left knee. The request(s) for 3 Phase Bone Scan for the right knee QTY: 1 was non-certified on 8/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Phase Bone Scan for the right knee QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines);Knee Chapter: Bone scan (imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Bone Scan (imaging), page 288

Decision rationale: Original peer review noted rationale for denial of initial request for bone scan of the left knee with attempt to clarify as to correct side with indication on right; however, was unable to perform peer discussion with provider. Current IMR states disputed request involves bone scan for right knee. Report of 11/26/13 from the provider noted the patient with severe left knee pain and right knee giving way. Exam showed right knee with range of 95/-12 flex/ext with tri-compartment tenderness on left. Diagnoses include s/p right TKR with arthrofibrosis. Guidelines recommend Bone scan post total knee replacement to rule out pain caused by loosening of implants after negative radiograph for loosening and negative aspiration for infection, not demonstrated here. Submitted reports have not provided any x-ray reports nor has any preliminary aspiration procedure been done to support the current request for a bone scan for this chronic injury post knee replacement past at least a year without increasing progressive symptoms or red-flag clinical findings. The 3 Phase Bone Scan for the right knee QTY: 1 is not medically necessary and appropriate.