

<b>Case Number:</b>	CM14-0037883		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/08/2006
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Neurological Surgery 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 injured worker is a 63-year-old female who was reportedly injured on March 8, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note is dated February 26, 2014, which states that the injured employee complained of bilateral knee pain and low back pain. The physical examination on this date noted decreased lumbar lordosis and multiple trigger points with tenderness over the left lower lumbar region. A left knee examination noted lateral sided tenderness over the IT band and range of motion from 0 to 110. There is a note dated May 9, 2014, that is a rebuttal about denial of services for a bone scan. This rebuttal states that a bone scan is indicated after total knee replacement if pain caused by loosening of implant is suspected and plain radiographs are negative. It was stated that the injured employee had negative radiographs and a negative workup for infection. A request had been made for a full body bone scan to include the bilateral knees and was not certified in the pre-authorization process on March 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Full Body Bone Scan to include Bilateral Knees:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 1019-1020. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ,Knee and leg, Bone scan, Updated June 5, 2014.

**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. If there is pain after a total knee arthroplasty, after a negative radiograph for loosening and a negative aspiration for infection, a bone scan is a reasonable screening test. Considering this request for a whole body bone scan to include the bilateral knees is medically necessary.