

Case Number:	CM14-0041820		
Date Assigned:	06/30/2014	Date of Injury:	08/02/2011
Decision Date:	09/12/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/09/2014

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 Nevada. 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 52 year-old male who was reportedly injured on 8/2/2011. The mechanism of injury is noted as a fall. The most recent progress note dated 4/29/2014. Indicates that there are ongoing complaints of bilateral knee pain. The physical examination demonstrated right knee: positive tenderness to palpation along the medial joint line, range of motion 0-120. Mild instability to stress of the lateral collateral ligament, slight hyper extension of the knee, and positive McMurray's. Left knee: surgical incision, no tenderness. Range of motion 0-126 and moderate degree of hyperextension is noted. Moderate lateral laxity as well as moderate degree of anterior posterior translation with drawer test. Diagnostic imaging studies include x-rays bilateral knees done in December 2013. Previous treatment includes total knee replacement, medications, and conservative treatment. A request was made for magnetic resonance imaging of the right knee, bone scan bilateral knees, labs (sedimentation rate, and c-reactive protein test) and was not certified in the pre-authorization process on 4/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: American College of Occupational and Environmental Medicine guidelines state a magnetic resonance image is recommended for select patients with sub acute or chronic knee symptoms in which mechanically disruptive internal derangement or similar soft tissue pathology is a concern. It is generally not indicated for patients with acute knee pain. After, reviewing the medical records provided, unable to identify mechanical symptoms on physical exam. Therefore this request is deemed not medically necessary.

Limited Bone Scan for Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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.

Decision rationale: Bone scan is recommended after total knee replacement if pain caused by loosening of implant is 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 screen test. After review of the medical records provided the most recent radiographs reveal a total knee prosthesis without obvious evidence of loosening. On physical exam there were no significant "red flags" noted on physical exam. Therefore there was not significant rationale in the medical documentation provided to necessitate this diagnostic study.

Labs (Sed rate Westergren and CRP): Upheld

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 Other Medical Treatment Guideline or Medical Evidence: The Journal of bone and joint surgery. Perioperative testing for joint infection in patients undergoing revision total hip arthroplasty. 2008 Sep 01;90(9):1869-1875. <http://dx.doi.org/10.2106/JBJS.G.01255>.

Decision rationale: California Medical Treatment Utilization Schedule and Official Disability Guidelines do not specifically address this. Therefore alternative sites were used. While multiple tests are used to determine the presence of infection at the site of a total hip arthroplasty, few studies have applied a consistent algorithm to determine the utility of the various tests that are available. After review the medical documentation provided the patient does have a total knee arthroplasty, however there are no signs or symptoms that correlate with an infection. Therefore the requested these diagnostic studies are deemed not medically necessary.