

Case Number:	CM14-0043749		
Date Assigned:	07/02/2014	Date of Injury:	09/08/2010
Decision Date:	08/15/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/10/2014

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 57 years old male with an injury date on 09/08/2010. Based on the 02/21/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar spine strain/sprain, resolved. 2. Depression unclear etiology. 3. Right knee pain, unclear etiology. 4. Status post left total knee replacement 5. Bilateral inguinal hernias with repairs. resolved. According to this report, the patient complains of constant left knee pain, exacerbated to moderate-to-severe with weight bearing, walking more than 1 to 2 miles, attempts at kneeling or crouching, or lifting more than 20 pounds. The patient also has occasional right knee with rare exacerbation, same factors the left side. The patient had a left total knee replacement and anesthesia on 04/18/2013, with right knee arthritis. There were no other significant findings noted on this report. [REDACTED] is requesting bilateral knees bone scan. The utilization review denied the request on 03/21/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/30/2013 to 02/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan bilateral knees: Overturned

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

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: According to the 02/21/2014 report by [REDACTED] this patient presents with constant left knee pain and occasional right knee pain. The provider is requesting bone scan for the bilateral knees. The patient is status post left knee total replacement on 04/18/2003. The UR denial letter states medical records provided good support a bone scan of the left knee to evaluate the knee for possible loosening due to the patient's ongoing complaints, but there was not an adequate rationale offered supporting the need for a bone scan of the right knee. The request is partially certified. Regarding bone scan, MTUS does not address it but ODG does recommend bone scan after total knee replacement if pain caused by loosening of implant suspected. In pain after total knee arthroplasty, after a negative radiography for loosening and a negative aspiration for infection, a bone scan is a reasonable screening test. Review of the reports only indicated that the patient has a left TKR. The patient has right knee pain as well. The UR authorized it for right knee only. However, bone scans are typically performed regionally and there isn't much difference between left/right knees. Furthermore, the radiologist should read both knees for comparison. Recommendation is medically necessary.