MAXIMUS Federal Services

Case Number:	CM14-0043960		
Date Assigned:	07/02/2014	Date of Injury:	10/19/2001
Decision Date:	08/20/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/18/2014

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 Medicine and is licensed to practice in Texas and Oklahoma. 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 66-year-old female who reported an injury on 10/19/2001. The mechanism of injury was not stated. Current diagnoses include knee joint pain, knee joint stiffness, synovitis, internal derangement of the knee, and orthopedic aftercare following a joint replacement. The injured worker was evaluated on 02/24/2014 with complaints of left knee pain. It is noted that the injured worker underwent left total knee arthroplasty in 02/2013 and right total knee arthroplasty in 03/2011. Physical examination of the left knee revealed a small effusion, a well healed anterior midline surgical scar, 0 to 125 degrees passive range of motion, crepitus, 1+ laxity laterally in extension and mid flexion, and painful grind testing. Treatment recommendations included a nuclear med 3 phase bone scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three Phase Bone Scan of Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Knee and Leg..

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Official Disability Guidelines state a bone scan is recommended after total knee replacement if pain caused by loosening of an implant is suspected. In patients who experience 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. As per the documentation submitted, there is no evidence of negative radiographic evidence of loosening nor evidence of a negative aspiration for infection. The injured worker is also currently pending authorization for laboratory studies to rule out an infection and a CT scan of the left knee. As the medical necessity has not been established, the request is not medically necessary.