

Case Number:	CM14-0058002		
Date Assigned:	07/25/2014	Date of Injury:	03/04/2008
Decision Date:	09/26/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 injured worker is a 58-year-old. He is a mechanic who sustained an injury on March 4, 2008. He had a left total knee arthroplasty in July 2012 and three right knee arthroscopies, in addition to at least one injection. A bone scan on April 9, 2013 showed symmetric increased uptake at the distal femur and proximal tibia at the interface of the prosthesis. Radiographs of the left knee on February 26, 2014 showed left knee arthroplasty in good position with no loosening of the hardware or loose bodies. On March 5, 2014, the injured worker complained of pain in his left knee and pain down his leg. The physical exam was unchanged from 2/5/2014. The physical exam of his left knee on February 5, 2014 showed slight effusion and warmth with a range of motion from -5 to 110. There was no obvious medial or lateral laxity in full extension with laxity in flexion. His right knee shows a range of motion from -3 to 125 degrees without crepitus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Limited Bone Scan of the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Peer Review contact: Anthony Johnson, MD (949) 253-3116.

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

Decision rationale: According to the Knee Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Bone scans are not recommended for meniscus tears, ligament strains, patellofemoral syndrome, tendinitis, prepatellar bursitis, or regional pain. This worker's last imaging study on February 26, 2014 showed left knee arthroplasty in good position with no loosening of the hardware or loose bodies and his exam is unchanged. Therefore, the request for a limited bone scan for the bilateral knees is not medically necessary or appropriate.