

<b>Case Number:</b>	CM14-0084583		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 records presented for review indicate that this 51 year-old individual was reportedly injured on 10/25/2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 5/5/2014, indicates that there are ongoing complaints of bilateral knee pain. The physical examination demonstrated right knee: varus alignment, range of motion 0-120. Positive tenderness showed along the medial joint line. Left knee: range of motion 0-120, neurovascular status in fact bilateral lower extremities. Diagnostic imaging studies include an MRI of the left knee dated 12/19/2013 which reveals medial meniscal tear, medial compartment chondromalacia, and lateral patellar subluxation with patellar chondromalacia. An MRI of the right knee dated 1/27/2014 reveals partial medial meniscectomy with chondromalacia of the medial joint compartment. There was a grade 3-4 retro patellar chondromalacia, joint effusion, and mild pre-patellar bursitis. X-rays dated 5/5/2014 of the bilateral knee revealed medial joint space narrowing right greater than left. Previous treatment includes previous right knee surgery, left knee surgery, injections, medication, and conservative treatment. A request had been made for bone scan bilateral lower knees and was not certified in the pre-authorization process on 5/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Limited lower extremity bilateral knees Bone Scan with special reference to the right knee**  
**QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Treatment/Disability Duration Guidelines Knee & Leg (Acute & Chronic) (updated 01/20/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic). Bone Scan. Updated 8/25/2014.

**Decision rationale:** A Bone Scan is recommended after total knee replacement if pain caused by loosening of implant 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 screening test. After review of the medical documentation provided as well as treatment guidelines there is no indication for the requested diagnostic study. The request for limited lower extremity bilateral knees Bone Scan with special reference to the right knee not medically necessary.