

Case Number:	CM14-0086372		
Date Assigned:	08/01/2014	Date of Injury:	09/09/1997
Decision Date:	11/05/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/09/2014

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 Occupational Medicine 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:

Injured worker is a 57 year-old male with date of injury 09/09/1997. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/18/2014, lists subjective complaints as left knee pain and low back pain. Objective findings: Examination of the left knee revealed tenderness to palpation and crepitus. Straight leg test was negative bilaterally. Active range of motion was 0 to 110 degrees of flexion. Strength exam was 5/5 for both lower extremities. Reflexes were 2+ for both quadriceps and both gastrosoleus. Diagnosis: 1. Low back pain 2. Lumbar degenerative disc disease 3. Lumbar spondylosis 4. Severe spinal stenosis at the L5-S1 level 5. Bilateral foraminal stenosis at the L4 to L5 and L5 to S1 levels on MRI 6. Left knee pain 7. History of left knee partial replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan for 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, Treatment Index, 11th Edition (web), 2013, Knee and Leg Chapter, Bone Scan Imaging.

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 (imaging)

Decision rationale: The injured worker has a history of partial knee replacement. According to the Official Disability Guidelines, if loosening of the prosthetic is suspected, a plain x-ray of the knee and aspiration of the joint to rule out infection are the recommended first steps prior to ordering a bone scan. The medical record contains no documentation of either plain films of the knee or aspiration of the joint. Bone scan of the knee is not medically necessary.