

<b>Case Number:</b>	CM14-0091753		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/30/2006
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 61-year-old with an injury date on 8/30/06. The patient complains of right knee pain with numbness/tingling in posterior area and cramping in the right calf, with pain radiating to anterior right ankle, pain rated 8.5/10 while sitting per 6/4/14 report. The patient reports swelling of the right ankle, denying any new injury per 6/4/14 report. Based on the 6/4/14 progress report provided by the requesting provider the diagnoses are status post (S/P) painful right total knee replacement (TKR); no obvious signs of infection; and probable mechanical loosening of the prosthesis. Exam on 6/4/14 showed right knee range of motion was 5-85. There is a well-healed anterior surgical scar; a 3cm area of inflammation seen in the lateral right calf; and mild synovitis of right knee. Grossly normal nausea/vomiting (N/V) exam. The requesting provider is requesting full body bone scan. The utilization review determination being challenged is dated 6/12/14 and rejects request, as there is no evidence of osseous metastases, undisplaced scaphoid fractures, bone infection, cancer, arthritis, tumor, stress fracture, infection, or complex regional pain syndrome (CRPS). The requesting provider provided treatment reports from 1/14/14 to 6/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Full Body Bone Scan:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Knee and Leg chapter, Bone Scan.

**Decision rationale:** This patient presents with right knee pain, radiating to right ankle and is status post (s/p) right total knee replacement from 2007. The treater has asked for full body bone scan on 6/4/14. The 5/23/14 report stated a prior referral to an orthopedic surgeon opined loosening of knee components. Review of the 6/4/14 report shows bone scan from 2/11/14 showed abnormal triple phase bone scan demonstrating increased uptake of all three phases in the right knee prosthesis. This raises the possibility of infection or inflammation from loosening. Regarding Bone Scans, The Official Disability Guidelines (ODG) recommends after a total knee replacement if pain caused by loosening of implant is suspected. In this case, the treater has asked for a full body bone scan to check for possible septic infection resulting from patient's loosening knee replacement components. However, clinically there is no evidence of septic infection. The patient had a bone scan showing loosening but no infection. Since prior bone scan, the patient has had persistent pain and swelling but no clinical evidence of infection such as further loosening, evidence of tissue destruction, etc. Recommendation for the full body bone scan is not medically necessary.