

Case Number:	CM14-0208584		
Date Assigned:	12/22/2014	Date of Injury:	04/07/2011
Decision Date:	02/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab, 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 52 year old female with an injury date of 04/07/11. Based on the 11/20/14 progress report provided by treating physician, the patient complains of pain to the right knee (unrated) with a "pins and needles" quality. Pain is aggravated by prolonged standing, walking, stair climbing, uneven terrain, kneeling and squatting. Associated symptoms include numbness, waking up at night and "popping". Patient is status post right knee arthroscopic lateral meniscectomy and chondroplasty on 09/25/12 and right knee lateral uni-compartmental replacement on 02/21/14. Physical examination of the right knee was not included with the progress report, only a review of diagnostic imaging, treatment history. The patient is currently prescribed Oxycodone, Xanax, Duexis. Diagnostic MRI of the right knee dated 02/28/13 significant findings: "MR findings consistent with subchondral insufficiency fracture and possible development of ischemia/osteonecrosis in the lateral tibial plateau... evidence of prior partial lateral meniscectomy with residual grade 3 signal in the posterior horn... Severe lateral compartment arthrosis... Moderate patellofemoral chondromalacia... Mild scarring of the proximal medial and fibular collateral ligaments... Small joint effusion with synovitis. Small popliteal cyst." Patient is not currently working. Diagnosis 11/20/14, 09/22/14, 06/19/14- Arthritis, right knee- Meniscal tear-lateral, right knee- Chondromalacia, right knee- Plica syndrome, right knee The utilization review determination being challenged is dated 12/04/14. The rationale is "... the patient had a right knee lateral uni-compartmental replacement 10 months ago and the patient's proper diagnosis is 'post op" from that procedure and not right knee arthritis. An examination of the knee was not recorded on last visit. There are no reported risk factors or recent fractures to indicate that the patient has significant osteoporosis." Treatment reports were provided from 01/18/13 to 11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Density Scan: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee under Bone scan (imaging).

Decision rationale: The patient presents with pain to the right knee (unrated) with a "pins and needles" quality. Pain is aggravated by prolonged standing, walking, and stair climbing, uneven terrain, kneeling and squatting. Associated symptoms include numbness, waking up at night and "popping". Patient is status post right knee arthroscopic lateral meniscectomy and chondroplasty on 09/25/12 and right knee lateral uni-compartmental replacement on 02/21/14, additionally patient has history of hypothyroidism. The request is for BONE DENSITY SCAN. Physical examination of the right knee was not included with the progress report, only a review of diagnostic imaging and treatment history. The patient is currently prescribed Oxycodone, Xanax, Duexis. Diagnostic MRI of the right knee was provided dated 02/28/13. ODG Integrated Treatment/Disability Duration Guidelines, Knee under Bone scan (imaging) states: "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. Evaluation of 80 bone scans in patients with symptomatic TKAs found that the method distinguished abnormal patients (loosening or infection) from normal ones with a sensitivity of 92%. (Weissman, 2006)". In regards to the request for a bone density scan, the progress notes document concern that the uni-compartmental right knee replacement is failing to heal due to an unknown etiology. The patient's operation took place on 02/21/14 and the progress notes dated 11/20/14 document continued pain and associated loss of function in the right knee. Guidelines specify that negative radiographs and aspiration for infection should be performed prior to utilizing a bone scan, and no such examinations have been performed. However, the patient's history of hypothyroidism puts her at additional risk of osteoporosis and failure of the implant-bone interface. Additionally CBC performed 09/11/14 indicates elevated white blood cell count, an indicator of possible infection at the implant site. In light of these factors, it appears that this request is reasonable. The request is medically necessary.