

<b>Case Number:</b>	CM14-0208890		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/18/2005
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Texas. 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 injured worker is a 55 year old male who was injured at work on 02/18/2005. The 11/4/14 office visit noted reported he was complaining of sharp pain in the lateral aspect of the knee, quadriceps atrophy, feeling unstable, unable to walk for prolonged period of time without knee giving out. The physical examination revealed knee range of motion of negative 5 degrees in extension, 96 degrees of flexion, mild effusion, tenderness to touch along the right knee lateral joint line. Trace effusion of the left knee, tenderness to the patellofemoral articulation, positive patellofemoral crepitation, positive grind, pain with deep squat, and positive McMurray's bilaterally. The worker has been diagnosed of bilateral knee osteoarthritis, status post right knee arthroscopy 10/28/2006; status post right knee total arthroplasty 06/4/14. Treatments have included total knee arthroplasty 06/4/14, postsurgical physical therapy, Norco, Naproxen and promolaxin. The request for Triple phase bone scan right knee to determine the structural integrity of the knee was denied because it was not preceded by serial negative X-ray findings of loosening and negative evidence of knee infection from knee aspiration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Triple phase bone scan right 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 (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-342.

**Decision rationale:** The injured worker sustained a work related injury on 02/18/2005. The medical records provided indicate the diagnosis of bilateral knee osteoarthritis, status post right knee arthroscopy 10/28/2006; status post right knee total arthroplasty 06/4/14. Treatments have included total knee arthroplasty 06/4/14, postsurgical physical therapy, Norco, Naproxen and Promolaxin. The medical records provided for review do not indicate a medical necessity for Triple phase bone scan right knee. This topic is not detailed in the MTUS; therefore, reference was made to the Official Disability Guidelines. The Official disability guidelines recommends that the individuals with history of knee arthroplasty who continue to complain of knee pain should first be tested with X-ray for loose bodies, and Knee aspiration for infection, and when the two tests are negative to proceed with Bone scan in. Although the records indicate the post-surgical X-ray was negative for loose body, there was no documentation of negative right knee aspiration before the request was made for Triple phase bone scan of the right knee. Therefore, the requested test is not medically necessary and appropriate.