MAXIMUS Federal Services

Case Number:	CM15-0000577		
Date Assigned:	01/12/2015	Date of Injury:	10/04/1994
Decision Date:	04/02/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 10/04/1994. On request for authorization and physicians progress report dated 11/17/2014, the injured worker has reported right knee pain. On examination she was noted to be tender even to light touch over the medical aspect of her knee down to the bottom of her incision the area of the suture line and was noted to probable have a neuroma. Documentation noted that the injured worker may be experiencing an allergic reaction to the Tycron suture. The diagnoses have included pain in joint right lower leg. Treatment to date has included right total knee arthroplasty. Treatment plan included a whole body limited bone scan. On 12/04/2014 Utilization Review non-certified bone imaging whole body. The CA MTUS, ACOEM Guidelines, ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Whole body bone scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: This patient is status post right knee arthroplasty in 2011 and revision surgery on 4/19/12. The patient presents with continued right knee pain. A bone scan dated 5/9/14, revealed increased activity at the right knee arthroplasty. Loosening could not be excluded. On 11/17/14, the treating physician stated that he believed the patient is having an allergic reaction to the Tycron suture and has neuroma from the prosthesis and requested a whole body-limited bone scan. The current request is for WHOLE BODY BONE SCAN. The Utilization review denied the request stating that there is no documentation noting a significant change in symptoms since the previous bone scan on 5/19/14. The ODG guidelines under the knee chapter has the following regarding bone scan imaging, 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%.In this case, the patient has had multiple work ups following the 2012 right knee arthroplasty. The most recent imaging including a bone scan on 5/19/14 to investigate a possible loosening of hardware and neuroma. There are no discussions regarding new examination findings that would require a repeat scan. The request bone scan IS NOT medically necessary.