

Case Number:	CM15-0002805		
Date Assigned:	01/13/2015	Date of Injury:	11/13/2009
Decision Date:	03/13/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/07/2015

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 61 year old female, who sustained an industrial injury on 11/13/2009. She has reported right knee pain after a fall. Treatment to date has included right knee arthroscopy April 2010 and right knee replacement January 2013. Prior conservative treatment included physical therapy, home exercises and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Currently, the IW complains of knee pain. X-ray completed 10/27/14 revealed well positioned femoral and tibial implants with evidence of osteo lysis within the proximal tibia. PR-2 dated 12/5/14 rated pain 3/10 VAS that increased with kneeling and improved with medication. A bone scan completed 10/27/14 was reviewed significant for uptake in the proximal tibia. Concern was documented regarding possible septic process and development of chronic infection. On 12/19/2014 Utilization Review non-certified an Indium labeled White Blood Count (WBC) and a nuclear bone scan of bilateral lower leg, noting the documentation did not support medical necessity. The MTUS and ODG Guidelines were cited. On 1/7/2015, the injured worker submitted an application for IMR for review of Indium labeled White Blood Count (WBC) and a nuclear bone scan, bilateral lower leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Indium Labeled bone scan bilateral lower leg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee and leg chapter, bone scan imaging <http://www.beaumont.edu>

Decision rationale: This patient presents with right knee pain. The patient is status post right knee arthroscopy from April 2010. The treater is requesting INDIUM-LABELED BONE SCAN BILATERAL LOWER LEGS. The RFA dated 12/15/2014 showed a request for indium-labeled WBC nuclear bone scan. The patient's date of injury is from 11/13/2009, and her current work status is returned to regular work. The ODG Guidelines under the knee and leg chapter on bone scan imaging states, "Recommended after a total knee replacement if pain caused by loosening of implant suspected. In pain, after total knee arthroplasty, after negative radiograph for loosening and a negative aspiration for infection, a bone scan is a reasonable screening test." The <http://www.beaumont.edu> on indium bone scan -white blood cells scan- is typically used to discover if you have an infection. The treater references a bone scan from 10/27/2014 that showed significant uptake in the proximal tibia. The treater references an x-ray of the right knee from 12/05/2014 that showed right total knee replacement with no significant loosening. There is osteolysis in today's x-rays. The treater recommended tagged white blood cell scan to fully determine whether it is septic process. Her blood tests were all negative. In this case, the patient's recent x-ray of the right knee did not show any loosening. And while, the treater is concerned about possible sepsis, the patient's blood tests were all negative. The request IS NOT medically necessary.