

Case Number:	CM15-0130610		
Date Assigned:	07/17/2015	Date of Injury:	02/09/2015
Decision Date:	08/12/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/07/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 34 year old male, who sustained an industrial injury on 2/09/2015. Diagnoses include right ankle sprain and arthralgia right knee. Treatment to date has included 6 sessions of physical therapy. Magnetic resonance imaging (MRI) of the right knee dated 2/26/2015 showed moderate effusion with mild synovial irregularity and thickening suggesting synovitis, moderate medial popliteal cyst with surrounding increased signal suggesting cyst leakage, and no evidence of meniscal tear or other internal derangement. Per the Primary Treating Physician's Progress Report dated 5/15/2015, the injured worker had completed 6/6 sessions of physical therapy with benefit for ankle pain. He has no ankle pain but knee pain persists. Knee pain at rest is rated as 2-3/10 and up to 5-6/10 with use. Physical examination revealed range of motion and strength of the knee was described as ok. There was no effusion of the knee. There was a negative McMurray's test and collateral stress test. The plan of care included, and authorization was requested for a right knee triphasic bone scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triphasic bone scan of the 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-TWC), Knee & Leg Chapter: Bone scan (imaging).

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 and pg 15.

Decision rationale: According to the guidelines, bone scan is 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. In this case, the claimant already had an MRI as noted above. There was no mention of knee arthroplasty or concern for infection or non-healing fracture. The request for a bone scan is not medically necessary.