MAXIMUS Federal Services

Case Number:	CM15-0169778		
Date Assigned:	09/10/2015	Date of Injury:	02/09/2015
Decision Date:	10/07/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/28/2015

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 34 year old male with an industrial injury dated 02-09-2015. According to medical records reviewed he was being treated for sprain of right ankle and arthralgia of right knee. He presented on 03-31-2015 with right knee and right leg pain. The provider requested physical therapy noting "it may be necessary to consider a triphasic bone scan for his right knee and right ankle if he fails to benefit from the physical therapy and remains symptomatic." Physical therapy progress report dated 05-07-2015 noted a total of 8 visits with the injured working noting 0% improvement in function. He continued to complain of right knee pain describing the pain as 8 out of 10 at worst and 2 out of 10 at best. The physical therapist recommended further evaluation of right knee pain before returning to physical therapy. He presents on 05-15-2015 with knee pain. Knee pain at rest was 2-3 of 10 at rest and 5-6 out of 10 with use. He complained of medial and lateral pain in right knee. He noted "feels like tibia-femur move laterally when he tried to run." The physical exam is documented as range of motion of knee and ankle "ok", strength "ok". Further documentation notes no effusion of knee or ankle, no instability knee or ankle and negative McMurray's. Work status was modified duty. Follow up visit dated 07-23-2015 "pain remains unresolved for right knee." The pain was rated as 4-7 out of 10. The provider documented MRI of right knee dated 02-26-2015 showed moderate effusion with synovial irregularity and synovitis. Prior treatment included physical therapy 6 out of 6 sessions with benefit for ankle pain. The provider documents: "Still with knee pain. No benefit with PT (physical therapy.) The provider documents in the 05-15-2015 note a request for triphasic bone scan of right knee. The utilization review dated 07-30-2015 non-certified the request for 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:

Right knee triphasic bone scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.wheelessonline.com/ortho/triphasic_bone_scan.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Bone Scan (imaging), page 288.

Decision rationale: Guidelines recommend Bone scan post total knee replacement to rule out pain caused by loosening of implants after negative radiograph for loosening and negative aspiration for infection, not demonstrated here. Submitted reports have not provided any clear indication, specific clinical findings nor has any preliminary aspiration procedure been done to support the current request for a bone scan for this injury without indicated diagnosis, increasing progressive neurologically deteriorating symptoms or red-flag clinical findings. The right knee triphasic bone scan is not medically necessary and appropriate.