Case Number:	CM15-0180376		
Date Assigned:	09/22/2015	**Date of Injury:**	02/15/2005
Decision Date:	10/29/2015	**UR Denial Date:**	09/01/2015
Priority:	Standard	**Application Received:**	09/14/2015

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: Texas, 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:

This is a 68 year old male patient, who sustained an industrial injury on 02-15-2005. The diagnoses include lumbar spine degenerative disc disease and stenosis, degenerative joint disease of the left knee with meniscal cyst, cervical radiculopathy, right olecranon bursitis, and left cubital tunnel syndrome. Per the doctor's note dated 8/18/2015, he had less discomfort over the low back. The physical examination revealed L5-S1 tenderness, increased range of motion in the left knee- 5-145 degrees; without effusion, less induration (hardening), and no subjective or objective evidence of infection; weakness with stair climb. The medications list includes ambien, HCTZ, benazepril, metoprolol, oxycontin, xeralto, viagra, relafen and norco. He has had X-rays of the left knee dated 11/5/2009 which showed a 3mm gap in the lateral compartment; and X- rays of the lumbar spine dated 11/5/2009 which showed moderate narrowing of the L4-5 interspace with bone spurring; left knee MRI on 7/20/2010. He has undergone left knee chondroplasty and meniscectomy on 9/16/2005; total left knee replacement on 01-09-2015. He has had physical therapy (PT), work restrictions, and pain medications for this injury. It was indicated that the AME (agreed medical evaluation) suggested the laboratory testing and bone scan that is in dispute. The progress report (08-18-2015) shows that the following laboratory tests and diagnostic test were requested: CBC (complete blood count), sed rate, and a bone scan of the left knee. The original utilization review (09-01-2015) non-certified the request for the CBC and sed rate labs based on lack of rationale for the requested laboratory tests; and non-certified the request for a bone scan of the left knee based on the lack of rationale for the bone scan and the lack of subjective or objective evidence indicating failure of prosthesis or infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Blood Count: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Infectious Diseases (updated 09/12/15), Bone & joint infections, Bone & joint infections: diabetic foot, Bone & joint infections: prosthetic joints.

Decision rationale: Complete Blood Count. Per the cited guidelines The presence of infection is defined by 2 classic findings of inflammation (redness, warmth, swelling, tenderness or pain) or purulence. Secondary signs include nonpurulent secretions, friable or discolored granulation tissue, undermined wound edges or a foul odor. Assessment for arterial ischemia should then be undertaken. (Lipsky1, 2012) Diagnostic studies: Plain radiographs are recommended for patients with a new infection. If soft-tissue abscess or osteomyelitis is suspected, a MRI is recommended. If this cannot be obtained, a bone scan in combination with labeled white blood cell scan is an alternative. A complete blood count, metabolic panel, Hemoglobin A1C, C-reactive protein and erythrocyte sedimentation rate are recommended. He has undergone total left knee replacement on 01-09-2015. Per the doctor's note dated 8/18/2015, the physical examination revealed L5-S1 tenderness, increased range of motion in the left knee- 5-145 degrees; without effusion, less in duration (hardening), and no subjective or objective evidence of infection; weakness with stair climb. Per the records provided CBC was requested to diagnose or rule out infection. A basic test like a CBC is medically appropriate. Abnormal test results may modify approach to the patient's management. The request of Complete Blood Count is medically appropriate and necessary for this patient.

Sed Rate: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15), Bone & joint infections, Bone & joint infections: diabetic foot, Bone & joint infections: prosthetic joints.

Decision rationale: Sed Rate. Per the cited guidelines the presence of infection is defined by 2 classic findings of inflammation (redness, warmth, swelling, tenderness or pain) or purulence. Secondary signs include nonpurulent secretions, friable or discolored granulation tissue, undermined wound edges or a foul odor. Assessment for arterial ischemia should then be undertaken. (Lipsky1, 2012) Diagnostic studies: Plain radiographs are recommended for

patients with a new infection. If soft-tissue abscess or osteomyelitis is suspected, a MRI is recommended. If this cannot be obtained, a bone scan in combination with labeled white blood cell scan is an alternative. A complete blood count, metabolic panel, Hemoglobin A1C, C-reactive protein and erythrocyte sedimentation rate are recommended. He has undergone total left knee replacement on 01-09-2015. Per the doctor's note dated 8/18/2015, the physical examination revealed L5-S1 tenderness, increased range of motion in the left knee- 5-145 degrees; without effusion, less in duration (hardening), and no subjective or objective evidence of infection; weakness with stair climb. Per the records provided Sed rate was requested to diagnose or rule out infection. A basic test like a Sed rate is medically appropriate. Abnormal test results may modify approach to the patient's management. The request of Sed Rate is medically appropriate and necessary for this patient.

Bone Scan, Left 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, Knee and Leg Chapter, Bone Scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15), Bone scan (imaging).

Decision rationale: Bone Scan, Left knee. As per ODG 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. 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%. (Weissman, 2006) Evidence of loosening of implant is not specified in the records provided. Documentation of a negative radiograph for loosening and a negative aspiration for infection is not specified in the records provided. The medical necessity of Bone Scan, Left knee is not fully established for this patient.