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| <b>Case Number:</b>   | CM15-0189545 |                              |            |
| <b>Date Assigned:</b> | 10/01/2015   | <b>Date of Injury:</b>       | 12/06/1999 |
| <b>Decision Date:</b> | 11/10/2015   | <b>UR Denial Date:</b>       | 08/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/25/2015 |

### 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: North Carolina, Georgia  
 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 69 year old female, who sustained an industrial injury on 12-6-99. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included status post bilateral total knee arthroplasty; physical therapy; medications. Currently, the PR-2 notes dated 8-5-15 indicated the injured worker was last seen on 7-24-15. The provider documents "Her pain is at intensity level 7 in the low back and 7 in the leg and 7 in the neck. Sleep is 5-6 hours per night. She has an intractable pain syndrome. She has had a recent evaluation for her knee pain; right more than left. Her pain dropped from level 8-9 to level 5-6 with Norco maximum of three tablets a day. There has been no aberrant behavior and no adverse effects. Function is improved in terms of doubling her household activity." Objectives are notes by this provider as "Cervical spine: tightness noted. Lumbar spine: myofascial restrictions noted bilaterally in the gluteus medius and gluteus maximus groups. Straight leg raise: positive at 30 degrees on the right and 45 degrees on the left." The injured worker is a status post bilateral total knee arthroplasty (no date). His assessment of the injured worker is documented indicating the injured worker "is flared and suffers from chronic pain syndrome, chronic discogenic pain syndrome, and secondary to myofascial syndrome and pain related to sleep disorder. We have recommended lumbar trigger point injections in the past. These have reduced her pain upwards of 50% and improved her level of function beyond that Norco can accomplish." On this date, the provider administered trigger point injections and a Toradol injection. He also mentions a triple phase bone scan in his treatment plan regarding the right knee and a report was submitted in the medical for review. A Request for Authorization is dated 9-25-15. A Utilization Review letter is dated 8-26-15 and non-certification was for 3 Phase bone

scan. A request for authorization has been received for 3 Phase bone scan.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **3 Phase bone scan: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (acute & chronic), 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, Bone scan.

**Decision rationale:** CA MTUS does not address the use of bone scan after total knee replacement. ODG includes the following: 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, pan x rays are negative for loosening and an aspiration showed no evidence of infection. A 3-phase bone scan is medically necessary.