

<b>Case Number:</b>	CM15-0206660		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	03/14/2008
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 55 year old female, who sustained an industrial injury on 3-14-08. The injured worker was being treated for degenerative joint disease of knees and status post total knee arthroplasty (unknown date). 8-18-15, the injured worker complains of continued knee complaints, predominantly in left knee. Physical exam performed on 8-18-15 revealed tenderness of knee and a slight limp. Work status is unclear. X-rays performed on an unknown date "demonstrate a questionable lucency at the femoral component." Treatment to date has included left and right total knee arthroplasty, physical therapy, aqua therapy and activity modifications. The treatment plan included bone scan to determine if there is any loosening. Documentation does not include why a bone scan is required. On 9-16-15 request for authorization was submitted for 2 bone scans. On 9-25-15 request for left and right knee bone scans was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone Scan Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** This 55 year old female has complained of knee pain since date of injury 3/14/2008. She has been treated with surgery, physical therapy and medications. The current request is for bone scan right knee. The available medical records do not contain adequate documentation of provider rationale regarding the necessity of the requested study. Additionally, bone scan is not an imaging modality recommended in the evaluation of chronic knee pain. On the basis of the available medical records and per the guidelines cited above, bone scan right knee is not indicated as medically necessary.

**Bone Scan Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** This 55 year old female has complained of knee pain since date of injury 3/14/2008. She has been treated with surgery, physical therapy and medications. The current request is for bone scan left knee. The available medical records do not contain adequate documentation of provider rationale regarding the necessity of the requested study. Additionally, bone scan is not an imaging modality recommended in the evaluation of chronic knee pain. On the basis of the available medical records and per the guidelines cited above, bone scan left knee is not indicated as medically necessary.