

Case Number:	CM15-0219178		
Date Assigned:	11/12/2015	Date of Injury:	04/14/2004
Decision Date:	12/29/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/06/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 45 year old male, who sustained an industrial injury on 4-14-2004. He reported left knee pain. According to physician documentation, the injured worker was diagnosed with chronic left knee pain, neoplasm left distal femur, post left knee scope, synovectomies, bilateral plantar fasciitis and post left medial meniscus transplant. Subjective findings dated 9-8-2015, were notable for left knee pain with minor exercises. Physical findings dated 9-8-2015, were notable for range of motion 0-140 degrees, with no patellofemoral crepitus, negative grind test and ok gait. Objective findings dated 7-23-2015, were notable for intact sensation of the lower extremity, well healed surgical incision, medial tenderness over the left medial joint line, mild patellofemoral crepitus and a negative patellar grind test. Physician note dated 7-23-2015, stated 4 radiographs not appreciably changed from one year prior with 30-40% medial joint narrowing and mild patellofemoral osteophytes. Physician note 9-18-2015 states, an MRI of the left knee revealed mild to moderate articular wear of the left medial compartment, chronic partial tearing of the ACL and mild to moderate lateral articular wear. Treatment to date have included Ibuprofen, injections, left knee surgery, physical therapy and activity modification. The Utilization Review determination dated 10-19-2015 did not certify retrospective treatment/service requested for NM whole body scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuclear medicine whole body bone scan: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Bone Scan: Knee Chapter; Low Back Chapter; Hip & Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Pain: Diagnostic imaging.

Decision rationale: Nuclear medicine whole body bone scan is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in false positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue insult for nerve impairment, the practitioner can discuss with a consultant the indication of an imaging test to find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The enrollee's symptoms remain unchanged and there is no history of new trauma. There is no indication for nuclear medicine whole body bone scan; therefore it is not medically necessary.