MAXIMUS Federal Services

Case Number:	CM15-0219620		
Date Assigned:	11/12/2015	Date of Injury:	04/05/2001
Decision Date:	12/24/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/09/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59 year old female who sustained an industrial injury 04-05-01. A review of the medical records reveals the injured worker is undergoing treatment for right knee component loosening, right hip osteoarthritis, and left knee degenerative joint disease. Medical records (09-08-15) reveal the injured worker complains of her right knee giving out, instability and weakness in the joint, popping and clicking the joint, and pain rated at 7/10. She also complains of left knee tenderness and pin rated at 5/10, and right hip pain rated at 6-10/10. The physical exam (09-08-15) reveals restricted range of motion of the bilateral knees. Prior treatment includes multiple sessions of physical therapy for the knees and back, aqua therapy for the knees and back, multiple sessions of chiropractic care for the back, a total knee replacement in 2002,epidural steroid injections, left knee Orthovisc injections, as well as medications including Effexor, Percocet, Valium, Duragesic, Soma, Flexeril, Relafen, Etodolac, Naproxen, omeprazole, docusate, gabapentin, Cymbalta, Lyrica, Senna, Miralax, Lidopro, Lidoderm, Dendracin cream, capsaicin cream, and ketoprofen cream. The treating provider reports the C reactive protein is elevated to 1.35. The treating provider reports the tagged white blood cell scan is to rule out infection. The original utilization review (10-29-15) on certified the request for a tagged white blood cell scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tagged white cell scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov/content.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) ACR Criteria: Imaging After Total Knee Arthroplasty Knee & Leg (Acute & Chronic), bone scan (2) Visser M, Bouter LM, McQuillan GM, Wener MH, Harris TB. Elevated C-Reactive Protein Levels in Overweight and Obese Adults. JAMA. 1999; 282 (22): 2131-2135.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2001 and continues to be treated for right knee and bilateral hip pain. She underwent a right total knee replacement in December 2002. She was found to have an elevated CRP of 1.35 in May 2015. When seen, she was having severe symptoms at times. Her right knee had given out about three weeks before and she had fallen. She was having worsening left knee pain since the fall. She was continuing to use a rolling walker. She had completed 6-7 of eight sessions of aquatic therapy with 15% relief. Prior treatments had included multiple courses of physical therapy and chiropractic care. Medications were decreasing pain by 20-25%. She felt as though her right knee was "separating". She had symptoms of instability and weakness with popping and clicking. Physical examination findings included decreased bilateral knee range of motion and strength. McMurray's testing was positive. The assessment references a prior x-ray of her knee as showing loosening of the tibial component. Authorization was requested for a tagged white blood cell scan to help rule out infection. The claimant's body mass index is over 48.Tagged white blood cell scanning is a more sensitive and specific test for infection than a bone scan and can be recommended as the next imaging study when plain film x-ray and joint aspiration/ culture are negative or inconclusive. In this case, there are no results of a joint aspiration and x-rays are reported as already showing findings of loosening. The claimant is morbidly obese and obesity and female gender are known factors that cause an elevated CRP. There are no systemic signs of infection being reported. For any of these reasons, the requested white blood cell scan is not medically necessary.