

Case Number:	CM15-0039673		
Date Assigned:	03/10/2015	Date of Injury:	10/07/2009
Decision Date:	05/05/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/03/2015

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 51 year old male who sustained an industrial injury on 10/7/2009. His diagnoses, and/or impressions, include: knee pain; internal derangement; evaluation for loosening; osteoarthritis of knee; joint pain in ankle and foot; and sprain of shoulder and upper arm. No recent magnetic resonance imaging studies are noted. His treatments have included left knee resection arthroplasty surgery (4/19/14); total knee revision (1/28/15); right ankle, left shoulder, right & left knee procedures and/or surgeries from 2007 - 2013; and medication management. The history notes rheumatoid arthritis, a staph infection of the right ankle with debridement, and a grossly enlarge left knee. The progress notes of 2/19/2015, notes a symptomatic left knee and the plan for surgery. The physician's requests for treatments included a 3-phase whole body bone scan left knee spacer loosening, and infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-Phase Whole Body 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 (ODG), Knee 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) Knee & Leg (Acute & Chronic), Bone scan (imaging).

Decision rationale: The claimant sustained a work-related injury in October 2009 and underwent a left knee arthroplasty in April 2014 with revision in January 2015. He has a past medical history including rheumatoid arthritis and multiple infections including a right ankle staphylococcus infection requiring debridement and antibiotic treatment. When seen, he had an elevated CRP. A bone scan is requested to evaluate for loosening. A bone scan is recommended after total knee replacement if pain caused by loosening of implant suspected as in this case. The requested was medically necessary.