

Case Number:	CM15-0042103		
Date Assigned:	03/12/2015	Date of Injury:	12/02/2010
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/05/2015

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: California
 Certification(s)/Specialty: Orthopedic Surgery

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 58 year old female, who sustained an industrial injury on December 2, 2010. She reported an injury to her right knee and left elbow. Treatment to date has included knee arthroscopy, physical therapy, heat/cold therapy, acupuncture, medications and cortisone injection. Currently, the injured worker complains of right knee pain. The evaluating physician notes that the injured worker's cortisone injection did not seem to help much and that she has tried heat, ice and acupuncture. He notes that only the ice seems to be working. On examination, her range of motion is 0 degrees to 80 degrees with mild effusion and global tenderness and she has crepitus. Exam note 1/22/15 demonstrates no relief from cortisone injection into right knee. Exam demonstrated range of motion of 0-90 degrees with effusion. Tenderness was noted on the medial and lateral joint line with patellofemoral crepitus and grinding. The treatment plan includes imaging of the knee to evaluate for increasing joint space narrowing and M-Brace with stabilizers.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee & Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Bone scan.

Decision rationale: CA MTUS/ACOEM is silent on the issue of bone scan. According to ODG, Low Back, Bone Scan, "Not recommended, except for bone infection, cancer, or arthritis. [Note: This is different from the 1994 AHCPR Low Back Guideline, which said "Recommend if no improvement after 1 month" for Bone scan. (Bigos, 1999)] Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma. In this case, there is lack of evidence in the records from 1/22/15 to warrant a bone scan. Therefore, the determination is for non-certification.