

Case Number:	CM15-0047621		
Date Assigned:	03/19/2015	Date of Injury:	07/18/2011
Decision Date:	04/24/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/12/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 54-year-old [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 18, 2011. In a Utilization Review Report dated March 5, 2015, the claims administrator failed to approve a request for a nuclear medicine bone scan of the right knee. The claims administrator referenced on RFA form received on March 3, 2015 in its determination. The applicant's attorney subsequently appealed. In an October 28, 2014 progress note, it was suggested that the applicant had some diminishing discomfort about the knee status post total knee arthroplasty on April 29, 2014. Physical therapy was endorsed. The applicant was not working, it was acknowledged. In a progress note dated February 26, 2015, the applicant was again described as having persistent complaints of knee pain status post earlier total knee arthroplasty. The applicant's knee pain was getting worse. The applicant had apparently had a knee aspiration, culture and sensitivity, the results of which were reportedly negative. The joint fluid analysis was also reportedly negative. A nuclear medicine bone scan was apparently endorsed to further evaluate the state of the prosthesis. An earlier progress note of November 25, 2014 suggested that the applicant had had a satisfactory appearing knee prosthesis on plain film x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee three phase nuclear medicine bone scan: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints

Page(s): 348. Decision based on Non-MTUS Citation

http://www.wheelsonline.com/ortho/work_up_of_the_painful_total_knee_arthroplastyDuke Orthopaedics presents Wheelless' Textbook of Orthopaedics Work Up of the Painful Total Knee Arthroplastyinfected TKR - bone scans: - may indicate loosening after 6-12 months, but cannot distinguish between septic and aseptic loosening.

Decision rationale: Yes, the proposed knee three-phase nuclear medicine bone scan was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 13 does not specifically address the topic of knee imaging status post total knee arthroplasty, ACOEM Chapter 13, Algorithm 13-1, page 348 does suggest considering bone scanning in applicants in whom infection is suspected. Wheelless Textbook of Orthopedics also notes that a workup of the painful total knee arthroplasty can include nuclear medicine bone scanning, which can determine the presence of loosening after 6 to 12 months. Here, the request in question was seemingly initiated some eight months after the date of the failed total knee arthroplasty of April 2014. Earlier diagnostic testing, including plain film x-rays, culture and sensitivity, joint fluid aspiration, etc., were all either negative or non-diagnostic. Moving forward with the proposed three-phase nuclear medicine bone scan, thus, was indicated. Therefore, the request was medically necessary.