

Case Number:	CM15-0049712		
Date Assigned:	03/23/2015	Date of Injury:	05/30/2010
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/16/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 38 year old female, who sustained an industrial injury on 5/30/2010. She reported being struck by a car in the right knee while directive traffic. Diagnoses include right knee contusion, right knee strain, and right knee degenerative joint disease. The medical records indicated a history of a non-industrial motor vehicle accident in December 1997 resulting in multiple fractures including bilateral wrists, left femur and vertebral fractures at T3-7 and C4-6. Treatments to date include medication therapy, cortisone injection, physical therapy and a TENS unit. Currently, they complained of progressing right knee pain. On 2/16/15, the provider documented tenderness with palpation and pain with flexion and extension. She ambulated with a rolling walker. The plan of care included a bone scan to rule out occult osteochondral fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan without contrast of the 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 (updated 02/05/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 329 - 353.

Decision rationale: The patient is a 38 year old female with an injury on 05/30/2010. Her right knee was struck by a car. She had a right knee contusion and right knee strain. In 12/1997 she had a MVA with several fractures noted. On 02/16/2015 she ambulated with a rolling walker. There is no documentation of a new injury of the right knee. The industrial injury on 05/30/2010 was not associated with any red flag signs. The requested imaging study does not meet MTUS, ACOEM guidelines for imaging studies. Therefore, the request is not medically necessary.