

Case Number:	CM15-0080545		
Date Assigned:	05/01/2015	Date of Injury:	11/06/2012
Decision Date:	06/02/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/27/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old female who sustained an industrial injury on 03/25/15. Initial complaints and diagnoses are not available. Treatments to date include medications, right knee surgery, and knee injections. Diagnostic studies include MRI of the right knee. Current complaints include right knee pain. Current diagnoses include knee joint pain and osteoarthritis of the knee. In a progress note dated 02/11/15 the treating provider reports the plan of care as a bone scan to evaluate to uptake along the medial compartment and whether or not the patellofemoral and lateral compartments are also involved. The requested treatment is a bone scan to evaluate to uptake along the medial compartment and whether or not the patellofemoral and lateral compartments are also involved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan evaluation for uptake medical compartment vs patellofemoral and lateral compartment: Upheld

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): 343.

Decision rationale: The ACOEM chapter on knee complaints states in table 13-5 that bone scans are only recommended in the evaluation of patellofemoral syndrome and not indicated for meniscal tear, ligament strain/tear, tendinitis, bursitis or regional knee pain. In this case, the medical records provided do not meet the above criteria. Therefore, the request is not medically necessary.