MAXIMUS Federal Services

Case Number:	CM15-0083349		
Date Assigned:	05/05/2015	Date of Injury:	01/09/2004
Decision Date:	06/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/30/2015

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: 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 injured worker is a 62-year-old male, who sustained an industrial injury on 1/9/04. He has reported initial complaints of back and right knee injury after pulling a pallet jack filled with produce and it fell on his right leg and he heard it snap. The diagnoses have included right knee strain and degenerative joint disease (DJD) of the right knee. Treatment to date has included medications, activity modifications, injections, diagnostics, surgery including arthroscopy right knee 2011 and right total knee in 2012, cane, psychiatric, and physical therapy. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right knee and x-rays of the right knee. Currently, as per the orthopedic surgery physician progress note dated 4/2/15, the injured worker underwent a total knee replacement but never returned to work following the knee replacement done in 2013. He has ongoing difficulty with the right knee and it continues to be bothersome and at times feels painful and warm. Physical exam of the right knee reveals abnormal gait, slight effusion noted, and there is tenderness noted anterior as well as posteriorly. The physician noted that plain x-rays do not show any gross loosening. He also noted that with a two-year history of ongoing difficulty since the knee replacement, he will require further workup to rule out loosening versus infection of the knee replacement, in view of the fact that he has not responded to his procedure. The physician requested treatment included Gallium Scan Right Knee to assess for loosening versus infection of the right total knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gallium 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, Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goergen TG, Dalinka MK, Alazraki N, Berquist TH, Daffner RH, DeSmet AA, el-Khoury GY, Keats TE, Manaster BJ, Newberg A, Pavlov H, Haralson RH, McCabe JB, Sartoris D. Evaluation of the patient with painful hip or knee arthroplasty. American College of Radiology. ACR Appropriateness Criteria. Radiology 2000 Jun;215(Suppl):295-8.

Decision rationale: The MTUS Guidelines do not address the use of gallium scan to evaluate loosening versus infection of a knee following total knee arthroplasty. The cited medical evidence was reported in the ODG, Knee and Leg Section. Per the cited article, when a patient with a hip or knee arthroplasty presents with unexpected joint pain, a clinical problem is the exclusion of prosthesis loosening, with or without infection. In addition to the clinical evaluation of the patient and determination of the sedimentation rate, there are several imaging or image-guided procedures that may be employed. Imaging studies available for detection of loosening includes: (1) evaluation of serial plain radiographs, (2) contrast arthrography, (3) radionuclide arthrography, and (4) three-phase bone scan. For detection of infection, studies include (1) joint aspiration, and (2) In-111 leukocyte scan. The gallium scan for detection of infection seems to have fallen from usage since the introduction of the In-111 leukocyte scan. The "gold standard" for proof of component loosening is surgery. The "gold standard" for proof of infection is intra-operative culture. Preoperative exclusion of infection is important in the planning of prosthesis revision; infected components must be removed and cannot generally be revised at the same setting. To assess the efficacy of these studies in the preoperative evaluation of these patients, one must also consider the cost of the procedure(s) being performed (resource utilization). Relative to other musculoskeletal imaging procedures, the volume of patients being evaluated for this problem is low and the advantage of knowing preoperatively whether there is loosening, or infection, or both, is high. These factors must be included in any evaluation of appropriate utilization. The request for Gallium Scan Right Knee is determined not medically necessary.