

<b>Case Number:</b>	CM14-0117090		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/27/1977
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 78-year-old male who sustained a vocational injury on May 27, 1977. The records provided for review document a chief complaint of left knee pain and that the claimant underwent left total knee arthroplasty in 2013. A February 13, 2014, bone scan showed widespread skeletal metastases and uptake was noted in the scapuloacromioclavicular joints involving much of the sternum, many if not all of the vertebral bodies and all of the ribs irregularly. Uptake irregularity was noted in the pelvis, both humeri and at least the right femur. There was also uptake in the left tibia, which was not characteristic of loosening of the prosthesis. There was mild retention of tracer in the right renal collecting system. Plain-film radiographs taken in January and April of 2014 showed no evidence of metastasis in the region of the claimant's knee. A July 8, 2014, office note documents left knee pain and swelling. The note states that the claimant's activities of daily living are substantially affected and that medications are required to control knee pain. The records indicate a history of prostate cancer and it was noted that metastasis to this level would be unlikely. Physical examination suggests implant loosening rather than metastatic disease. This request is for a three-phase bone scan for further evaluation of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone Scan (3 phase) left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg/Bone scan (imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) Knee and Lower Leg Complaints, Chapter 13, page 341-343. Official Disability Guidelines (ODG); Knee & Leg chapter: Bone scan (imaging)

**Decision rationale:** California MTUS ACOEM Guidelines and Official Disability Guidelines would not support a three-phase bone scan for evaluation of the left knee prosthesis in this claimant. Under the Official Disability Guidelines, bone scans are indicated if plain-film radiographs do not show loosening and if aspiration for infection is negative. In this case, the reviewed records document the use of plain-film radiographs for evaluating metastasis but do not reference the use of X-rays to evaluate implant loosening. In addition, a bone scan performed within the last eight months did not show any loosening of the prosthesis. Following the bone scan, there is no report of traumatic injury or other factors that could have contributed to early loosening. No aspiration or laboratory studies to rule out infection were provided. Given these factors, this request would not be indicated as medically necessary under guidelines criteria.