

Case Number:	CM14-0124473		
Date Assigned:	08/08/2014	Date of Injury:	04/10/1997
Decision Date:	10/09/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 60-year-old female who reported an injury on 04/10/1997 due to an unspecified mechanism of injury. The injured worker complains of right knee pain. The injured worker had diagnoses of low back pain with lumbar radiculopathy, failed back surgery syndrome and lumbosacral degenerative disc disease. The objective findings dated 06/06/2014 revealed of the lumbar spine revealed burning sensation, hyperalgesia, and bilateral leg cramps. The medications included Norco, Topamax and Cymbalta with a pain rate of 8/10 to 9/10 using the VAS. The prior surgeries included lumbar spinal fusion and total knee replacement. The treatment plan included a full body scan. The Request for Authorization dated 08/08/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Full Body Bone Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, knne & leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Complaints, bone scan

Decision rationale: The California MTUS/ACOEM does not address. The Official Disability Guidelines recommend after total knee replacement if pain caused by loosening of implant suspected. In pain after total knee arthroplasty, after a negative radiograph for loosening and a negative aspiration for infection, a bone scan is a reasonable screening test. Evaluation of 80 bone scans in patients with symptomatic TKAs found that the method distinguished abnormal patients (loosening or infection) from normal ones with a sensitivity of 92%. Premierrad.com indicated that a full Body Bone Scan is a nuclear imaging test that helps diagnose and track several types of bone disease using tiny amounts of radioactive materials called tracers (radionuclides). These tracers accumulate in certain organs and tissues, such as bones. Once introduced into the body, tracers emit a type of radiation called gamma waves, which are detected by a special camera. This camera produces images that are interpreted by the radiologists Your doctor may recommend a Full Body Bone Scan to evaluate fractures, arthritis, Cancer of the bones, Infection of the joints, Impaired blood supply to the bones, Joint replacements or bones, or unexplained bone pain. The clinical notes indicate the injured worker had ongoing knee pain and had a recent total knee performed. The lower back pain was indicated to be a new onset and to have the full body scan was for the lower back pain. As such, the request Full Body Bone Scan is not medically necessary and appropriate.