

Case Number:	CM14-0129036		
Date Assigned:	08/18/2014	Date of Injury:	01/19/2012
Decision Date:	10/07/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/13/2014

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 Orthopaedic Surgery and is licensed to practice in Texas. 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 patient is a 55-year-old female who was injured on 01/19/2012. The mechanism of injury is unknown. There are no diagnostic studies available for review. Follow-up note dated 07/17/2014 indicates the patient presented for her bilateral knee pain, which has worsened to 6-8/10. On exam, there is a small effusion noted of the right knee. There is -3 degree extension, 115 degrees of flexion. Her left knee extends to -5 degrees, has 110 degrees of flexion. There is tricompartmental tenderness. Range of motion and strength are otherwise normal. Her diagnoses include status post right knee replacement with ongoing pain, possible occult infection or loosening or prosthesis; symptomatic osteoarthritis of the left knee. The request is for blood work, as well as three-phase bone scan to evaluate for infection, loosening of her prosthetic right knee. Progress report dated 08/14/2014 documented the patient's symptoms to be unchanged. Her blood work was normal. Prior utilization review dated 07/31/2014 states the request for 3-Phase bone scan for the left knee is not medically necessary, as the patient does not meet guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-Phase Bone Scan for The Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 11th edition (web), Knee & Leg Chapter, Bone Scan

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Knee & Leg, Bone Scan (Imaging)

Decision rationale: According to the Official Disability Guidelines, Bone Scan is recommended 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. In the case of this patient, on 7/17/2014 she complains her right knee has worsened, as has her left, rated 6-8/10. She has no fever, chills, or other systemic complaints. Additionally, her lab work was normal, so there is no infection. The medical records do not document the results of recent radiographs of the knee, which would be adequate to assess for potential loosening of the TKA hardware, and required prior to considering a bone scan. Allergy to the metal should be studied. Bone scan will be the least helpful. The criteria for proceeding with a bone scan have not been met. In addition, the provider requested bone scan for the right knee, which has a problem TKR with a normal blood work. However, the request is for the left knee, which is a wrong side. Therefore, the medical necessity and appropriateness of proceeding with a bone scan is not established. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.