

Case Number:	CM14-0133316		
Date Assigned:	08/22/2014	Date of Injury:	02/27/2001
Decision Date:	09/25/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/20/2014

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 Occupational Medicine 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 injured her knees on 02/27/01. A 3 phase bone scan for the left knee and laboratory studies including CBC with differential, C-reactive protein, and sedimentation rate are under review. She is status post a total knee replacement on 01/31/14. Range of motion on 03/18/14 was +10-105 degrees. Doppler ultrasound was ordered to rule out DVT. On 04/22/14, her range of motion was +8-wanted to degrees. PT had started. She had a flexion contracture at that time. Additional PT was ordered. On 05/27/14, her range of motion was +10-95 and she had pain with forced extension. There were no signs of infection. She was doing well at that time. She did not have much inflammation. Her walking improved after the TKR. Range of motion was +10-90 and she had swelling and an effusion with a flexion contracture. She was tender, prescribed medications, and X-rays were ordered. Laboratory studies were recommended along with a three-phase bone scan to rule out loosening and infection and she was placed on sedentary work. On 07/01/14, she had aching pain with swelling/effusion and positive flexion contracture and decreased extension. A bone scan and lab work was recommended to rule out a post-op infection and/or loosening. [REDACTED] saw the claimant on 08/06/14 and she had continued left knee pain 6 months post-op following a left total knee replacement. She had decreased range of motion that was +10-90 with pain and a flexion contracture. She had global tenderness of the left knee. X-rays were ordered. Aspiration was recommended following labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Phase bone scan, let knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The history and documentation do not objectively support the request for a 3 phase bone scan for the left knee. The ODG state bone scans may be 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. 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%. (Weismann, 2006) In this case, there is no evidence of loosening on x-rays and no aspiration results were reported. The claimant's condition appears to be stable or only a little worse over a number of months. The medical necessity of a bone scan to rule out prosthesis loosening has not been clearly demonstrated. Therefore, 3 Phase bone scan, let knee is not medically necessary.

Labs (CBC with diff, CRP, SED rate): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Osmon DR, Berbari EF, Berendt AR, Lew D, Zimmerli W, Steckelberg JM, Rao N, Hanssen A, Wilson WR. Diagnosis and management of prosthetic joint infection: clinical practice guidelines by the Infectious Diseases Society of America. Clin Infect Dis. 2013 Jan;56(1):e1-e25.

Decision rationale: The history and documentation do not objectively support the request for Labs (CBC with diff, CRP, SED rate). In this case, there is no indication for a complete blood count. Plain x-rays were not reported since the claimant began to complain of her ongoing pain. C-reactive protein or sedimentation rate may be recommended during the evaluation of a possible infected prosthesis. The medical necessity of this request for CBC, CRP, and sedimentation rate has not been clearly demonstrated. Therefore, Labs (CBC with diff, CRP, SED rate) is not medically necessary.