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| Case Number: | CM14-0140784 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 10/01/2004 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 08/27/2014 |
| Priority: | Standard | Application Received: | 09/01/2014 |

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 and Rehabilitation and is licensed to practice in Illinois. 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 64-year-old male who reported an injury on 10/01/2004 from repetitive use of the right knee. The injured worker complained of right knee pain. The diagnoses included a status post right total knee arthroplasty dated 10/08/2004, status post right knee infection, status post right knee debridement, and status post right knee arthroscopic surgery. Past treatments included physical therapy, medication, and knee brace. The injured worker had a right total knee arthroplasty done 10/18/2004. The objective findings dated 12/10/2013 revealed tenderness to palpation and decreased range of motion with a positive McMurray test. Medications included Celebrex and Voltaren Gel. The treatment plan included a nuclear bone scan to the right knee. The Request for Authorization dated 08/11/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuclear Bone Scan right knee rule out bone infection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 & Leg, Imaging

Decision rationale: The request for nuclear bone scan, right knee, and rule out bone infection is not medically necessary. The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines recommend after a total knee replacement if pain caused by loosening of implant is suspected. In pain after total knee arthroplasty, after a negative radiograph of loosening, a negative aspiration for infection, a bone scan is a reasonable screening test. Evaluation of 80 bone scans in patients with symptomatic total knee arthroplasties found the method distinguished abnormal patients (loosening or infection) from normal ones to sensitivity of a 92%. The guidelines indicate a negative aspiration and radiographic evidence of loosening prior to the bone scan. The clinical notes were not evident that the injured worker has had the radiography to show any loosening or a negative aspiration for infection. The arthroplasty of the knee was in 2008, As such, the request is not medically necessary.