

Case Number:	CM14-0098162		
Date Assigned:	07/28/2014	Date of Injury:	09/15/2005
Decision Date:	10/14/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/26/2014

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 Alaska and 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 injured worker is a 58-year-old female with a reported date of injury on 09/15/2005. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to be left knee strain and pain, status post left knee replacement with residual pain, left knee pain flare up, chronic pain syndrome, and depression and anxiety. Her previous treatments were noted to include exercise, medications, and surgery. The progress note dated 04/24/2014 revealed an MRI of the left knee was performed and the pathology was not clearly seen. The progress note dated 06/17/2014 revealed complaints of knee pain under the kneecap with good stability. The physical examination of the left knee noted decreased range of motion. The provider indicated a bone scan was warranted to rule out loosening. The progress note dated 07/18/2014 revealed the injured worker stated she did get the bone scan and was going to see the doctor and get a treatment plan. The injured worker indicated the left knee hurt her all the time and she had been driving a lot recently because she took her mother while she was house sitting for somebody and they walked and strolled the streets for a long time. The left knee pain was rated 3/10 and she denied any numbing and tingling anywhere. The physical examination revealed a mildly antalgic gait, and she did not exert any difficulties sitting down or standing up from the chair. The strength in the bilateral lower extremity was grossly 5/5 and she was tender to palpation of the left knee. The Request for Authorization form was not submitted within the medical records. The request was for a total body bone scan to rule out loosening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Body Bone Scan: Overturned

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 and Leg, Bone Scan.

Decision rationale: The request for a Total Body Bone Scan is medically necessary. The injured worker complains of left knee pain under the kneecap and decreased range of motion. The injured worker indicated she had a bone scan performed. The Official Disability Guidelines recommend a bone scan after a total knee replacement if pain is caused by loosening of the implant suspected. In pain after total knee arthroplasty, after a negative radiograph for loosening a bone scan is a reasonable screening. Evaluation of a bone scan in patients with symptomatic TKAs found that the method distinguished abnormal patients (loosening or infection) from normal ones with a sensitivity of 92%. The guidelines recommended a radiograph that is negative for loosening and then a bone scan would be reasonable. There is lack of documentation regarding a radiograph performed prior to requesting the bone scan, however the provider indicated an MRI was performed and the pathology was not clearly seen. A bone scan is more sensitive than x-rays to evaluate loosening and therefore a total body bone scan is supported by the guidelines. As such, the request is medically necessary.