

Case Number:	CM14-0103499		
Date Assigned:	07/30/2014	Date of Injury:	05/07/2007
Decision Date:	04/15/2015	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old female patient who sustained an industrial injury on 05/07/2007. She sustained the injury when she stepped on a piece of a mange, she slipped and fell. The diagnoses include knee osteoarthritis, status-post right knee patellofemoral arthroplasty, lateral retinacula release and removal of osteophytes. Per the doctor's note dated 7/21/2014, she had complaints of lumbosacral pain with radiation to the left groin and left upper thigh; right knee and right heel pain. The physical examination revealed that she ambulates with a cane, decreased lumbar spine range of motion; right knee full range of motion, tenderness to medial joint line and medial portal entries. Per the physician progress note dated 06/09/2014, she had right knee pain, lumbosacral pain, spasms to the right lateral calf, to the right foot daily. The physical examination revealed Right knee-full range of motion in all planes, a negative McMurray's; limited range of motion of the lumbar spine. The medications list includes advil, tylenol, norco and prozac. She has undergone right knee patellofemoral arthroplasty, lateral retinacula release and removal of osteophytes on 3/13/2013; right knee ACL repair on 3/27/2008; right knee arthroscopy on 5/8/2009; right knee surgery on 9/23/2010. She has had right knee MRI on 11/24/2008, which revealed stable post operative changes and mild diffuse osteoarthritic spurring; lumbar MRI on 1/13/2010; right knee MRI on 2/4/2011. Treatment to date has included medications, rest, ice, chiropractic care, home exercise program and surgery. On 06/23/2014 Utilization Review non-certified the request for a bone scan of the right knee and cited was Official Disability Guidelines, and California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM). The request for a

patella stabilizer was non-certified and cited was California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Patella Stabilizer: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Per the ACOEM guidelines cited below "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Any evidence for the need of stressing the knee under load such as climbing ladders or carrying boxes is not specified in the records provided. Significant consistent evidence of patellar instability or anterior cruciate ligament (ACL) tear, is not specified in the records provided. Response to conservative therapy including physical therapy is not specified in the records provided. A recent detailed clinical examination of the right knee is not specified in the records provided. The medical necessity of Patella Stabilizer is not established for this patient at this time.

Bone Scan Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers Compensation, Online Edition. Chapter: Knee & Leg; Bone scan (imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 02/27/15) Bone scan (imaging).

Decision rationale: As per ODG 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. 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%. (Weissman, 2006)" Evidence of loosening of implant is not specified in the records provided. Documentation of a negative radiograph for loosening and a negative aspiration for infection is not specified in the records provided. Response to previous conservative therapy is not specified in the records provided. The medical necessity of Bone Scan Right Knee is not fully established for this patient.