

Case Number:	CM14-0194048		
Date Assigned:	12/01/2014	Date of Injury:	09/22/2011
Decision Date:	01/26/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/19/2014

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 Minnesota. 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 66 year old male with a history of bilateral knee injuries on 9/22/2011 when stepping out of a bus. The injured worker underwent a right total knee arthroplasty on 10/2/2013 and has evidence of osteoarthritis of the left knee. An MRI scan of the left knee dated 8/1/2014, revealed a complex tear of the lateral meniscus with fragmentation, extensive irregular thinning of the articular cartilage of the lateral compartment and subchondral edema. There was a large knee effusion present. Per progress notes of 10/6/2014, he was complaining of diffuse left knee pain exacerbated by standing, walking, kneeling and squatting. He denied any mechanical symptoms such as locking or giving way but complained of pain with activity. He could only walk a quarter-mile. Examination revealed lateral joint line tenderness with fullness and a small effusion. Range of motion of the left knee was from 0-130 . The right total knee arthroplasty was doing well with a range of motion of 5-130 . There was normal alignment and a good straight leg raise. No effusion was present. There was no ligamentous laxity. X-rays of the left knee revealed lateral compartment arthritis. The lateral view revealed no significant spurring of the patella. AP flexion and extension weight bearing views revealed 70% lateral narrowing in flexion and 50% lateral narrowing in extension. The impression was persistently symptomatic left knee lateral compartment arthritis. There was a good result post right total knee arthroplasty. The plan was to get a bone scan of both knees. The reason for the bone scan was to see if there was significant uptake in the lateral compartment of the left knee in which case he will be a candidate for total knee arthroplasty. The right knee was to be done for comparison. This was non-certified by utilization review using California MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 1/7/14) Bone Scan (Imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: California MTUS guidelines indicate ability of various techniques to identify and define knee pathology. The bone scan has no ability to identify and define the following knee pathologies: Meniscal tear, ligament strain, ligament tear, tendinitis, prepatellar bursitis, and regional pain. Bone scan has a 1 out of 4 ability to identify and define patellofemoral syndrome. The diagnosis of osteoarthritis as well as the degree and location of the osteoarthritis has been accurately defined by the x-rays as well as MRI scan. The documentation does not indicate any postoperative complications pertaining to the right knee and so a bone scan of the right total knee arthroplasty is not indicated. Based upon the above guidelines, the request for bone scan of both knees is not supported; therefore, this request is not medically necessary.