

Case Number:	CM15-0106176		
Date Assigned:	06/10/2015	Date of Injury:	09/28/1997
Decision Date:	07/13/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/02/2015

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: North Carolina
 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:

The injured worker is a 66-year-old male, who sustained an industrial injury on 09/28/1997. On provider visit dated 02/23/2015 the injured worker has reported lower backache. On examination of the left knee, there was noted tenderness and a restricted range of motion noted and mild effusion was noted as well. Right knee was noted to have tenderness to palpation. The diagnoses have included spinal/lumbar degenerative disease, headache/facial pain, and cervical facet syndrome. Treatment to date has included injections, laboratory studies, medication listed as Lunesta, Senna S, Topamax, Fioricet, Wellbutrin, Flexeril, Meloxicam, MSContin, Neurontin, Oxycodone, Rizatriptan and Verapamil. The provider requested bone scan, 3 phases, Bilateral Knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan, 3 phase, Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - Bone scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, bone scan.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested services. The ODG states that bone scans are indicated in the evaluation of possible metastatic disease, inflammatory arthritis and infection. These are not suspected diagnoses in this patient. Therefore, the request is not medically necessary.