

Case Number:	CM15-0116091		
Date Assigned:	07/08/2015	Date of Injury:	05/06/2002
Decision Date:	08/04/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/16/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 56 year old female, who sustained an industrial injury on 5/06/2002. She reported a twisting injury to her right knee. The injured worker was diagnosed as having persistent right knee pain with effusion after total knee arthroplasty. Treatment to date has included diagnostics, multiple right knee surgeries with the last being total knee replacement in 2008, physical therapy, and medications. Currently (5/01/2015), the injured worker complains of right knee pain, ranging from 6-10/10. She reported frequent swelling, affecting range of motion. She reported occasional popping and clicking, and feeling of instability. She was last seen in this office in 9/2012. She was currently working full time. Exam of the right knee showed a large effusion, nearly full extension, and flexion to 100 degrees. Moderate tenderness was noted and slight swelling. There was no gross instability of the prosthesis and quad tone was somewhat diminished. X-rays showed some sclerosis around the tibia, as well as questionable changes in the patella region. Bone quality was suspect but no overt loosening was noted. The treatment plan included a triple phase bone scan for the right knee to evaluate for potential periprosthetic loosening or bone changes, laboratory studies, synovial fluid testing, and consultation and treatment with orthopedic surgeon (second opinion). Laboratory studies, dated 3/10/2015, were submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three phase bone scan of the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Bone scan (imaging).

Decision rationale: According to ODG guidelines, Bone scan (imaging) "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) There is no clear evidence that the patient developed pain from total knee arthroplasty, infection and loosening of implant. There is no clear evidence that the patient developed one of the above conditions. Therefore, the request of Three-phase bone scan of the right knee is not medically necessary.

Consultation and treatment with an orthopedic surgeon for a second opinion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end for using the expertise of a specialist. In addition, and according to MTUS guidelines, and in the chapter of knee complaints, referral for surgical consultation may be indicated in case of activity limitation for more than one month, and failure for exercise programs to increase range of motion. There is no documentation that the patient failed exercise programs or activity limitation for more than one month. There is no documentation that the patient response to pain therapy falls outside the expected range. In addition, there is no documentation of red flags indicating the need for an orthopedic consultation. Therefore, the request for Consultation and treatment with an orthopedic surgeon for a second opinion is not medically necessary at this time.