

Case Number:	CM15-0117904		
Date Assigned:	06/26/2015	Date of Injury:	04/15/2011
Decision Date:	07/27/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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 68 year old female who sustained an industrial injury on April 15, 2011. She has reported left knee pain, left shoulder, and lumbar spine pain and has been diagnosed with status post left total knee arthroplasty with residual pain and left shoulder and lumbar spine complaints. Treatment has consisted of medical imaging, medications, aspiration of the left knee, surgery, and a home exercise program. Physical examination noted that the patient was using a cane to walk. Her left knee had a small effusion. She has full extension and 105 degrees of flexion. She had fairly diffuse pain with maximal flexion. The treatment request included laboratory testing and a 3-phase bone scan of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory testing: CBC (complete blood count) with differential, sedimentation rate, C-reactive protein: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wolverton, S. E. and K. Remlinger (2007). "Suggested guidelines for patient monitoring: hepatic and hematologic toxicity attributable to systemic dermatologic drugs." *Dermatol Clin* 25(2): 195-205, vi-ii.

Decision rationale: MTUS and ODG guidelines are silent regarding the indication of CBC with diff testing. CBC with diff can be used to monitor a systemic infection, immune deficit, anemia, abnormal platelets level and other hematological abnormalities. There is no clear documentation of a rationale behind ordering this test. Therefore, the request for laboratory testing: CBC (complete blood count) with differential, sedimentation rate, C-reactive protein is not medically necessary.

3-Phase Bone Scan, Left 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: Knee - Bone scanning.

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

Decision rationale: According to ODG guidelines, bone scans (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%. There is no clear evidence that the patient developed one of the above conditions. Therefore, the request of 3-phase bone scan of left knee is not medically necessary.