

<b>Case Number:</b>	CM15-0119139		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	10/08/2002
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented Broadspire beneficiary who has filed a claim for chronic lower extremity and knee pain reportedly associated with an industrial injury of October 8, 2002. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a triple-phase bone scan to evaluate for complex regional pain syndrome versus infection. An RFA form received on May 7, 2015 and a progress of March 16, 2015 were referenced in the determination. The claims administrator stated that its decision was based on MTUS Guidelines but did not cite any page number and/or incorporate any specific guidelines into its report rationale or language. The applicant's attorney subsequently appealed. On May 11, 2015, the applicant reported ongoing complaints of diffuse knee pain with some radiation of pain to the thigh and foot. The applicant was using a brace to move about. The applicant had undergone a total knee arthroplasty with subsequent revision and subsequent manipulation under anesthesia followed by hardware injection. The applicant was on Norco, Percocet, and Ambien, it was reported. The applicant's BMI was 27, it was reported. The applicant was placed off of work, on total temporary disability. A three-phase bone scan to evaluate for aseptic loosening of the knee versus complex regional pain syndrome was proposed. X-rays of the knee dated April 9, 2015 demonstrated a well-appearing right total knee arthroplasty with diffuse osteopenia appreciated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 three phase bone scan to evaluate for complex regional pain syndrome versus infection:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Three phase bone scan.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 348, Chronic Pain Treatment Guidelines CRPS, diagnostic criteria Page(s): 36-37.  
Decision based on Non-MTUS Citation

<http://www.guideline.gov/content.aspx?id=32606> Guideline Title ACR Appropriateness Criteria® imaging after total knee arthroplasty Bibliographic Source(s) Weissman BN, Shah N, Daffner RH, Bancroft L, Bennett DL, Blebea JS, Bruno MA, Fries IB, Hayes CW, Kransdorf MJ, Luchs JS, Morrison WB, Palestro CJ, Roberts CC, Stoller DW, Taljanovic MS, Tuite MJ, Ward RJ, Wise JN, Zoga AC, Expert Panel on Musculoskeletal Imaging ACR Appropriateness Criteria® imaging after total knee arthroplasty [online publication] Reston (VA): American College of Radiology (ACR); 2011. 13 p. [95 references] Bone scintigraphy may be helpful in diagnosing loosening, especially when obtained many years after surgery.

**Decision rationale:** Yes, the proposed three-phase bone scan is medically necessary, medically appropriate, and indicated here. The attending provider indicated on his May 11, 2015 progress note that items in the differential diagnoses included complex pain syndrome and/or aseptic loosening of the right knee status post earlier total knee arthroplasty. The applicant did present on the date in question, May 11, 2015, reporting diffuse knee, foot, and leg pain complaints. Pages 36 and 37 of the MTUS Chronic Pain Medical Treatment Guidelines do acknowledge that a triple-phase bone scan does represent one means of diagnosing CRPS. The MTUS Guideline in ACOEM Chapter 13, Algorithm 13-1, page 348 notes that bone scanning can be considered in individuals in whom infection is suspected. Here, the attending provider did state that aseptic loosening of indwelling total knee arthroplasty hardware was a diagnostic consideration, given the applicant's continued complaints of knee pain and earlier non-diagnostic plain-film radiography. The American College of Radiology (ACR) notes that bone scintigraphy (AKA a bone scan) may be helpful in diagnosing loosening of a knee prosthesis status post earlier total knee arthroplasty surgery. Here, moving forward with the planned triple-phase bone scan was, thus, indicated, appropriate, and in-line with MTUS, ACOEM, and ACR recommendations. Therefore, the request is medically necessary.