

Case Number:	CM15-0120808		
Date Assigned:	07/01/2015	Date of Injury:	08/01/1994
Decision Date:	08/04/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/22/2015

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: California, 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 (n) 63-year-old female, who sustained an industrial injury on 8/1/94. She reported pain in her right knee. The injured worker was diagnosed as having status post right total knee arthroplasty on 7/29/13 and status post manipulation of the right knee on 9/25/13. Treatment to date has included right knee surgery x 2 and right knee x-rays. As of the PR2 dated 4/28/15, the injured worker reports ongoing right knee pain. The treating physician noted the right knee range of motion is 0-85 degrees and x-rays show good alignment without any change from the post-operative views. The treating physician requested a 3-phase bone scan for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Phase bone scan for 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 Chapter: Bone scans (imaging).

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

Decision rationale: In this case, the examination of the patient on 4/28/15 does not indicate any red flags of a possible infection of the knee to warrant a bone scan. The request is to rule out an occult infection, however there is no objective evidence to suggest the possibility of osteomyelitis. Specifically, there is no erythema, increased warmth, drainage or other clinical signs of infection. Plain radiographs are negative for signs of infection. The knee has not been aspirated with finding suggestive of infection. Therefore the request of a bone scan in this patient with chronic knee pain is deemed not medically necessary or appropriate.