

Case Number:	CM15-0123031		
Date Assigned:	07/07/2015	Date of Injury:	12/10/2010
Decision Date:	08/04/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female who sustained an industrial injury on December 10, 2010. She has reported left knee injury and has been diagnosed with sprain of the knee leg, contusion of the knee leg, tear of the medial meniscus knee, and chondromalacia patella. Treatment has included medications, surgery, physical therapy, and a home exercise program. The patient states that she continued to have pain in the left knee. Pain was rated 8/10. She describes that pain as constant, sharp, aching pain. She explains she can't walk for a long time or sit for a long period of time because of pain. Range of motion lacks 20 degrees of active extension. Quads were noted as weak and still needs a cane. The treatment request included a bone scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan: 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), bone scan.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Bone scan (imaging).

Decision rationale: Regarding the request for a bone scan, the California MTUS adopts ACOEM Chapter 13 which suggests some support for bone scan of the knee for the evaluation of patellofemoral syndrome. ODG notes that it is recommended after total knee replacement in the evaluation of patients with TKA and pain and/or suspicion of loosening. Within the documentation available for review, there is documentation of knee arthroplasty. The patient continues with chronic pain. The provider states that the bone scan is "unlikely to be meaningful" before November. There is no other rationale submitted, and a bone scan results are often very non-specific. In light of the above issues, the currently requested scan is not medically necessary.