

Case Number:	CM15-0127336		
Date Assigned:	07/14/2015	Date of Injury:	07/03/2014
Decision Date:	08/07/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/01/2015

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: 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 56 year old female, who sustained an industrial injury on 7/03/2014. She reported a slip and fall onto her left side of leg, with her knee taking the brunt of the impact. The injured worker was diagnosed as having contusion and abrasion left knee. Treatment to date has included x-rays, knee brace, modified duties, physical therapy, and magnetic resonance imaging of the left knee (8/22/2014). Currently (5/14/2015), the injured worker complains of left knee pain, with numbness and tingling in and around her leg and weakness of her left leg. Her work status was permanent and stationary. Exam of the left knee noted no tenderness to palpation, full range of motion, strength 5/5, and stability upon examination. The treatment plan included a bone scan of the left knee due to chronic pain without objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Bone scan (imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343.

Decision rationale: The ACOEM chapter on knee complaints in table 13-5 states that bone scan of the knee is only indicated in the diagnosis of patellofemoral syndrome. The provided clinical documentation does not indicate this as possible diagnosis. Therefore, the request is not medically necessary.