

<b>Case Number:</b>	CM15-0170703		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: 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 53 year old female who sustained an industrial injury on 4-7-11. She was diagnosed with arthritis of the knee, lateral compartment, status post unicompartmental joint replacement; mechanical loosening of prosthetic joint, right; contusion of the right foot. She complains of pins and needles, throbbing, gnawing right knee pain with radiation to the leg, thigh with numbness under the knee cap. Diagnostics included x-rays; MRI of the right knee (2-28-13) showing subchondral insufficiency fracture and possible ischemia, lateral compartment arthrosis; computed tomography of the right knee (6-12-12) showing suspicion for tear of lateral meniscus, chondromalacia, reactive degenerative bony edema, large joint effusion; bone density (3-12-15). Treatments to date include activity modification; knee brace; unicompartmental joint replacement, right knee (2-21-14); right knee arthroscopic lateral meniscectomy and chondroplasty (9-25-12); cervical discectomy and fusion (11-18-14); medications: Forteo, Vitamin D, Xanax, Duexis, glucosamine, Vicodin. In the progress note dated 7-27-15 the treating provider's plan of care included a request for a DEXA bone scan as the injured worker is not recovering as expected and further diagnostic testing is indicated. On 8-28-15 utilization review evaluated and non-certified the request for DEXA Bone Scan based on the fact that a bone density assessment has been completed with no clear indication to suggest the need for repeating the test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **DEXA Bone Scan: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Knee and Leg (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Kleerekoper, M. Screening for osteoporosis. Accessed 10/8/2015 ([www.uptodate.com](http://www.uptodate.com)).

**Decision rationale:** The MTUS and Official Disability Guidelines are silent on the need for screening for osteoporosis and the use of a DEXA Bone Scan study. The medical records provided indicate that the patient has undergone a prior DEXA Bone Scan study reported on 3/12/2015. The study results indicated that the spine had average bone density and that the overall risk of a major fracture (10-years) was 4.3% and for a hip fracture was 0.1% risk. According to the above cited reference source, Up-To-Date, Dual-Energy X-Ray Absorptiometry (DEXA Bone Scan) is the most widely used method for measuring bone mineral density. Regarding follow-up to screening, this reference source states the following: In conjunction with osteoporosis screening, individuals should be counseled regarding fracture prevention, including lifestyle modification, fall prevention and possible pharmacologic prevention. All individuals should be counseled about risk factor reduction with regard to smoking cessation, limiting alcohol intake and participating in regular weight bearing and muscle strengthening exercises. Repeat DEXA Bone scans are the following: In the presence of low bone mass (T-Score -2.00 to - 2.49) at any site or risk factors that cause ongoing bone loss, we perform follow-up measurement approximately every 2 years. In the presence of low bone mass (T-Score -1.50 to -1.99), we typically perform a follow-up measurement every 3 to 5 years. In the presence of normal or slightly low bone mass (T-Score -1.01 to -1.49), we typically perform a follow-up measurement in 10 to 15 years. In this case, the patient had a documented DEXA Scan in 3/2015. T scores were not provided; however, the findings were not consistent with moderate/severe osteoporosis. Under these conditions, there is no justification for early repeat testing; per the above cited recommendations. There is no rationale provided in this request to justify early testing. For these reasons, a DEXA Bone Scan is not medically necessary at this time.