

<b>Case Number:</b>	CM15-0177596		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	01/01/2001
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 70 year old male who sustained an industrial injury on 1-1-10. Diagnoses include depression; Malaria, osteoarthritis, pelvic region and thigh; degeneration of the cervical intervertebral disc; brachial neuritis, radiculitis; thoracic and lumbar neuritis, radiculitis; rotator cuff arthropathy and secondary osteoporosis of the shoulder; bilateral carpal tunnel syndrome. He currently (8-27-15) complains of intermittent right sided pain, groin and anterior thigh pain. His right leg gives way without warning. On physical exam of the right hip there were abnormalities. An examination of the knees was not present. Treatments to date include 13 years post-operative left total hip arthroplasty; 10 years post-operative right total hip arthroplasty; medications: bupropion, omeprazole, Sertraline, trazadone, alprazolam, Norco, terazosin; corticosteroid injection to the shoulder. In the progress note dated 8-27-15 the treating provider's plan of care included the requests for bone and Indium scans to rule out end of stem pain. The request for authorization dated 8-31-15 indicates bone scan bilateral knees and Indium scan bilateral knees. On 9-8-15 utilization review evaluated and non-certified the requests for bone scan bilateral knees and Indium scan bilateral knees based on no documentation of why the scans are needed for the bilateral knees and there needs to be exam findings supporting pathology in the knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bone Scan Bilateral Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Hip & Pelvis Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 70 year old male has complained of neck pain, low back pain, shoulder pain, right leg pain and bilateral wrist pain since date of injury 1/1/2010. He has been treated with surgery, steroid injection, physical therapy and medications. The current request is for a bone scan bilateral knees. The available medical records do not document any objective findings of knee pathology in the most recent provider notes, nor do they document the provider rationale for obtaining a bone scan of the bilateral knees. On the basis of the available medical records and per the guidelines cited above, bone scan of the bilateral knees is not indicated as medically necessary.

### **Indium Scan Bilateral Knees: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Indian J Nucl Med 2012 Jul; 27(3)164-71 Diagnosis of bone infection by complementary role of technetium-99m MDP and technetium-99m hexamethylpropylene-amineoxime-leukocytes.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 70 year old male has complained of neck pain, low back pain, shoulder pain, right leg pain and bilateral wrist pain since date of injury 1/1/2010. He has been treated with surgery, steroid injection, physical therapy and medications. The current request is for an indium scan bilateral knees. The available medical records do not document any objective findings of knee pathology in the most recent provider notes, nor do they document the provider rationale for obtaining an indium scan of the bilateral knees. On the basis of the available medical records and per the guidelines cited above, indium scan of the bilateral knees is not indicated as medically necessary.