

Case Number:	CM15-0179183		
Date Assigned:	09/21/2015	Date of Injury:	11/20/1994
Decision Date:	10/23/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/11/2015

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 65 year old female who sustained an industrial injury on 11-20-94. The impression noted is painful bilateral total knee arthroplasty with history of infection. Previous treatment includes 9 surgeries on her knees and physical therapy. In an initial orthopedic consultation dated 3-19-15, the physician notes complaint of bilateral knee pain. Pain in the knees is rated at 8 out of 10 and is present all the time. "The right knee stays swollen and is always feverish." She notes pain from the left hip down the entire leg. Range of motion of the left knee is restricted. There is numbness in the left thumb and fingertips. She has difficulty with getting dressed, doing housework, driving, and sleeping through the night. It is noted that she has a tendency to bruise easily, has lost about 22 pounds in the past few months and has been experiencing frequent headaches. The plan is to evaluate for infection with a complete blood count, erythrocyte sedimentation rate, C-reactive protein, and 3 phase bone scan to evaluate for infection and loosening of the prosthesis. A pain management doctor evaluation and treatment was also recommended. The requested treatment of a three phase bone scan of bilateral knees was denied on 8-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three phase bone scan of bilateral knees: 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 and Leg (Acute and Chronic), Bone scan (imaging) American College of Radiology. ACR Appropriateness Criteria. Radiology 2000 Jun; 215 (Supp) 295-8.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, bone scan.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states the bone scan of the knee is indicated in suspected metastatic bony cancer or undiagnosed osteomyelitis. The patient does not have these diagnoses or symptoms on exam suggestive of these. Therefore the request is not medically necessary.