MAXIMUS Federal Services

Case Number:	CM15-0063953		
Date Assigned:	04/09/2015	Date of Injury:	08/16/1998
Decision Date:	05/08/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/03/2015

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: Massachusetts
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 71 year old male, who sustained an industrial injury on 08/16/1998. He reported sustaining injuries secondary to being backed over by a car. The injured worker was diagnosed as having chronic right knee infection with revision of right knee arthroplasty, knee fracture with status post open reduction internal fixation, right total knee arthroplasty, symptomatic posterior popliteal cyst, right shoulder impingement, moderate acromioclavicular joint osteoarthritis, and adhesive capsulitis. Treatment to date has included x-ray of the right knee, right femur, and tibia-fibular and above listed procedures. In a progress note dated 01/15/2015 the treating physician reports chronic swelling to the right knee with intermittent aching pain that is rated a one to seven out of ten. The injured worker also has complaints of pain from the posterior right knee secondary to a popliteal cyst. The documentation provided did not contain the requests for a 13 phase bone scan or a Ceretec scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

13 phase 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 -Knee and Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), bone scan.

Decision rationale: The claimant has a history of a work injury occurring in August 1998 with treatments including a right total knee replacement complicated by infection. He was seen by the requesting provider on 01/15/15. He was having knee pain and swelling. Physical examination findings included a large popliteal cyst and moderate diffusion. Imaging results were obtained showing expected postoperative findings without evidence of complication. Recommendations included a CT guided aspiration. The aspiration was not performed due to concerns regarding spread of a known peripatellar candida infection. A bone scan is recommended after total knee replacement if pain caused by loosening of implant is suspected. ACR guidelines recommend a bone scan as an alternative to white blood cell although its accuracy is lower. In this case, WBC scanning was also requested and is a more sensitive and specific test. Therefore, the requested bone scan was not medically necessary.

1 ceretec scan: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Criteria: Imaging After Total Knee Arthroplasty.

Decision rationale: The claimant has a history of a work injury occurring in August 1998 with treatments including a right total knee replacement complicated by infection. He was seen by the requesting provider on 01/15/15. He was having knee pain and swelling. Physical examination findings included a large popliteal cyst and moderate diffusion. Imaging results were obtained showing expected postoperative findings without evidence of complication. Recommendations included a CT guided aspiration. The aspiration was not performed due to concerns regarding spread of a known peripatellar candida infection. A Ceretec scan is recommended as the next imaging study when plain film x-ray and joint aspiration / culture are negative or inconclusive. In this case, the claimant is unable to undergo a joint aspiration. Therefore, the requested search extent is the next imaging scan is the next appropriate step in evaluating the claimant condition and is medically necessary.