

<b>Case Number:</b>	CM15-0071388		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 56-year-old male, who sustained an industrial injury on 06/03/2013. He has reported injury to the left knee. The diagnoses have included left knee sprain; left knee osteoarthritis; status post left total knee replacement; and complex regional pain syndrome type I. Treatment to date has included medications, diagnostics, bracing, and surgical intervention. Medications have included Norco. A progress note from the treating physician, 03/30/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant moderate to severe left knee pain. Objective findings have included tenderness to the left knee with decreased range of motion, swelling, erythema, and hypersensitivity over the left knee. The treatment plan has included the request for a triple phase bone scan of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Triple Phase bone scan of the left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), CRPS diagnostic tests.

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic left knee and lower extremity pain. He underwent a left knee replacement. When seen, physical examination findings included left knee allodynia. A triple phase bone scans (three phase bone scintigraphy or TPBS) can be recommended for select patients in early stages to help in confirmation of the diagnosis. In this case, the claimant has ongoing pain and allodynia, which could be consistent with CRPS. He does not meet the diagnostic criteria based on physical examination findings alone and the requested bone scan may help to clarify his diagnosis and guide further treatments, in particular if the result were to be negative. It is therefore medically necessary.