

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/29/2013
Date of Injury:	9/19/2000
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017903

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one whole body scan between 7/24/2013 and 9/7/2013 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one whole body scan between 7/24/2013 and 9/7/2013 is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The patient is a 60-year-old female who was injured in a work related accident on 09/19/00.

Clinical records for review indicate a recent progress reported dated 08/14/13 indicating that she had fallen at work resulting in initial injury to the right knee. Since that time, it is noted that she has been with multiple prior right knee surgeries including recent total knee arthroplasty in 2006. At present, she is with continued complaints of pain, utilizing a cane for ambulation, with physical examination findings showing a mild antalgic gait with nonpitting edema to the right lower extremity, 95 degrees range of motion of the right knee and 120 degrees flexion on the left with current assessment of pain in the right joint. Medications were refilled at that visit including Norco, Methadone. Full body bone scan was recommended for further diagnostic evaluation. It stated that previous x-rays had recently been taken (date unclear) that showed total knee to be "okay" without significant finding. Recent treatment other than medication management as discussed was not noted. Request was previously noncertified on 07/29/13 citing lack of radiographs to demonstrate supportive evidence for the scan. There is a request at present for whole body bone scan to be completed between 07/24/13 and 09/07/13 in this case.

**Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for one whole body scan between 7/24/2013 and 9/7/2013 :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG).

The Expert Reviewer based his/her decision on the ODG Guidelines, Treatment in Worker's Comp, 18<sup>th</sup> Edition, 2013 Updates: Knee procedure.

Rationale for the Decision:

California ACOEM and MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria in regard to bone scan imaging, it is recommended after total joint replacement surgery, if pain caused loosening of implant is suspected. While this claimant continues to be with functional deficit and pain complaints there is no imaging or physical examination findings that would support that implant as the source of the claimant's pain generator. There is no recent laboratory testing for review to include an inflammatory process, nor physical exam findings demonstrating significant recent change in knee related findings. The specific request for a whole body bone scan between the dates in question would not be supported. **The request for one whole body scan between 7/24/2013 and 9/7/2013 is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.