

Case Number:	CM14-0173271		
Date Assigned:	10/24/2014	Date of Injury:	01/02/2000
Decision Date:	11/25/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old male with a date of injury of 1/2/200. He underwent a total left knee arthroplasty in 2007. For the past 6 months he has been experiencing an increase in pain and swelling. The physical exam reveals swelling around the knee joint but no redness or increased warmth. There is significant tenderness to the joint line. The patella tracks centrally. Extension is -10 degrees and flexion is limited to 90 degrees. X-rays of the knee reveal new osteolucencies at the cement-bone interface on the tibial side without any subsistence. The treating physician has ordered labs to help rule out infection and has requested a bone scan to help exclude tibial loosening.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 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 & 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 and Leg, Bone scan (imaging)

Decision rationale: 3 phase bone scan imaging is recommended after total knee replacement if pain caused by loosening of implant suspected. In pain after total knee arthroplasty, after a negative radiograph for loosening and a negative aspiration for infection, a bone scan is a reasonable screening test. Evaluation of 80 bone scans in patients with symptomatic total knee replacements found that the method distinguished abnormal patients (loosening or infection) from normal ones with a sensitivity of 92%. In this instance, it appears that the treating physician has ordered blood work to help exclude infection. However, it does not appear that aspiration of the knee joint has occurred, which is required by the guidelines, prior to a 3 phase bone scan. Therefore, a 3 phase bone scan of the knee is not medically necessary at this time per the referenced guidelines.