

<b>Case Number:</b>	CM13-0001105		
<b>Date Assigned:</b>	05/30/2014	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2013

### 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 New Jersey. 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 worker is a 29 year old female who was injured on 5/3/13 when she lifted a table, feeling a sharp pain in her mid chest that radiated across her left chest wall. X-ray of the chest was normal (no fracture). She took oral analgesics following the injury, but the pain persisted and was worse with inspiration and movement, and reproducible with palpation. On 5/18/13, she was seen by her physician who found tenderness of her chest wall in the sternal area as well as the left 3rd and 6th rib areas. She then was diagnosed with chest strain and prescribed a muscle relaxant, an NSAID, and dendracin lotion. She was also prescribed work restrictions as well as physical therapy. On 5/28/13 she was again seen by her physician after completing some physical therapy, but still complained of pain in her sternal area. Physical examination was the same as before and she was then recommended a chest bone scan to rule out an occult sternal fracture and referred her to an orthopedist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BONE SCAN OF THE CHEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: ACR Appropriateness Criteria rib fractures, 2011, (<http://www.guideline.gov/content.aspx?id=35149&search=chest+trauma+bone+scan#Section420>).

**Decision rationale:** The MTUS Guidelines do not specifically address bone scans for suspected chest sternal/rib fractures. Other guidelines were sought out. According to the ACR Appropriateness Criteria, bone scans are rated at a 2/10 on the appropriateness scale (10 being most appropriate) for all ages with a suspected rib/sternal fracture. Fractures are typically a result of trauma to the area, except for very unusual circumstances of severe osteoporosis and other situations. In the case of this worker, she had only been lifting an object without any trauma reported to the chest area. All of the subjective and objective evidence up to the point of the request suggested this was a muscle strain/sprain of the chest wall and not a fracture. The likelihood that a bone scan would further aid the patient is minimal to none as there is absolutely no evidence to suggest there is an occult fracture of the sternum. Also, even if there was evidence of a possible fracture, a bone scan would be too invasive (radiation), and a repeat x-ray would be more appropriate. Therefore, the bone scan is not medically necessary.