

Case Number:	CM13-0009381		
Date Assigned:	12/11/2013	Date of Injury:	03/16/2011
Decision Date:	02/20/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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.

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 patient is a 50-year-old male who was injured on 03/16/2011, has been under the treatment for chronic pain related to the diagnosis of nonunion of the tibia, status post redo open reduction, internal fixation of nonunion right tibia, painful gait, and fracture of ankle. The documentation dated 07/15/2013 noted the patient utilized a cane and ambulated slowly due to stress of the painful lower extremity. On the examination, to was noted to have vascular, dermatological, neurological, muscle testing, and orthopedic evaluation painful to the tibia due to internal fixation. The patient had undergone a bone scan on 05/21/2013 which showed moderate intense activity at the proximal dorsal aspect of the right foot, ankle, consistent with previous periosteal bone injury, postsurgical changes, inflammatory arthropathy, or osteomyelitis and moderate focus of activity at planar os calcis of left foot likely indicative of enthesitis. The bone scan performed was a 1 phase scan, although a 3 phase scan had been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

One; Three-Phase Bone Scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot and Ankle (Acute and Chronic) and the Official Disability Guidelines (ODG),Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvic

Chapter, Bone scan (radioisotope bone scanning) and Ankle and Foot Chapter, Bone scan (imaging).

Decision rationale: Regarding the request for one 3 phase bone scan, according to Official Disability Guidelines, it states that a bone scan is recommended in the presence of normal radiographs, and in the absence of ready access to MR imaging capability. Radionuclide bone scans are effective for detection of subtle osseous pathology and when negative, are useful in excluding bone or ligament/tendon attachment abnormalities. It further states that bone scanning is more sensitive, but less specific than MRI. It is useful for the investigation of trauma, infection, stress fracture, occult fracture, a Charcot joint, complex regional pain syndrome, and suspected neoplastic conditions of the lower extremity. In the case of this patient, he has undergone a 1 phase bone scan, which was not considered specific, compared to a 3 phase bone scan. However, as noted under Official Disability Guidelines, the documentation does not indicate the patient has undergone any plain view x-rays since the last bone scan was performed. Furthermore, bone scanning has its limitations, chiefly in its specificity and delayed results. Indications for imaging state that bone scans may be utilized to rule out tumor, stress fractures in chronic cases, infection, and complex regional pain syndrome. If plain films are not diagnostic, the ^{99m}Tc technician phosphonate reuptake reflex osteoblastic activity and may be useful in metastatic/primary bone tumors, stress fractures, osteomyelitis, and inflammatory lesions, but cannot distinguish between these entities. At this time, the patient does not meet guideline criteria for a 3 phase bone scan. As such, the requested service is non-certified.