

Case Number:	CM13-0017592		
Date Assigned:	12/27/2013	Date of Injury:	07/01/2013
Decision Date:	03/06/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/28/2013

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 Family Medicine and is licensed to practice in Arizona. 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. 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 patient is a 52 year-old male with date of injury on 7/1/2013. He has been treated for symptoms involving his bilateral hands and wrists. He had the initial diagnoses of onychomycosis of the bilateral 3rd and 4th left finger, arthralgia bilateral hands, cellulitis right 2nd and 3rd finger and left 3rd and 5th finger, and left 3rd finger flexor tenosynovitis. The patient was placed on doxycycline and seen for a follow up in one week. Subjective findings showed overall improvement of redness on all fingers except left 3rd finger that had tenderness and swelling, worse with flexion and performing light work. Physical exam demonstrated thickness of the nails with erythema and tenderness to palpation to the fingertips. Lab evaluation was noted as normal. A hand surgeon was consulted that noted multiple complaints related to the bilateral hands, including pain, swelling, loss of nail, locking of the finger, and weakness. Objective findings demonstrated decreased range of motion of the fingers, positive bilateral Finkelstein test, tenderness to scaphoid and lunate, bilateral digits with mild erythema and inflammation and loss of nail bed. Following the hand consultation, his diagnoses were right cubital tunnel syndrome, inflammatory joint disease forefingers, right little mallet finger deformity, left cubital tunnel syndrome, left intersection and de Quervain's disease, neuropathy median nerve left carpal tunnel. Diagnostic studies include a normal electromyography (EMG), a nerve conduction study (NCS) showed bilateral carpal tunnel syndrome, sensory right lunar neuropathy at the right wrist and a right Guyon's entrapment. X-rays showed osteoarthritic changes of all the 2nd through 5th distal interphalangeal joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan triple phase for the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation other evidence based guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269-272.

Decision rationale: The ACOEM guidelines for the upper extremity reference bone scans to be indicated for stress fractures, infections, or tumors. There is no documented evidence of infection or cancer, and the presence of arthritic degeneration is already determined on x-rays. Based on the applicable guidelines and the lack of objective evidence or reasoning to support this test, the medical necessity of a bone scan of the bilateral upper extremities is not established. Therefore, the requested bone scan is not medically necessary or appropriate at this time.