

<b>Case Number:</b>	CM13-0020643		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Internal Medicine, and is licensed to practice in New York. 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 46 year old male with a date of injury on 05/27/2011. He had a left wrist fracture and osteomyelitis in 2011. On 06/10/2011 he had an ORIF left wrist. On 09/14/2012 he had hardware removal. He had 36 post operative physical therapy visits. On 02/01/2013 he had a left carpal tunnel release with a first dorsal compartment release. On 04/19/2013 he had a normal CBC, sed rate and C reactive protein. He had a past history of osteomyelitis with normal inflammation markers (BCB, sed rate, C reactive protein). On 07/22/2013 a MRI of the wrist revealed post traumatic deformity similar to the previous exam and there was mild osteoarthritis. He continues to have left wrist pain. There is no fever or sign of infection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WHITE BLOOD CELL TAGGED BONE SCAN:** 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 CAMPBELL'S OPERATIVE ORTHOPAEDICS, CANALE AND BEATY. CHAPTER 21: OSTEOMYELITIS, 2012.

**Decision rationale:** There are no MTUS guidelines for this question. The previous review noted that MRI and sed rate were recommended by the OFFICIAL DISABILITY GUIDELINES (ODG) but I could not find this. This employee had no signs of infection and the MRI revealed no signs of osteomyelitis nor any conditions that would be confused with osteomyelitis. Again the WBC, sed rate, C reactive protein, MRI are all negative. There is no sign of osteomyelitis. The WBC tagged bone scan is not medically necessary