

<b>Case Number:</b>	CM13-0040029		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 patient is a 60-year-old female who reported injury on 06/20/2013 due to repetitive motion. The patient's diagnosis was carpal tunnel syndrome. The documentation of 09/24/2013 revealed the patient had subjective complaints of followup on bilateral hand discomfort. The patient indicated that following the injections at the last visit the patient improved for 30 to 45 minutes. The examination of the upper extremities revealed there were no true localizing signs for either carpal tunnel or thumb arthritis. The patient had global tenderness throughout bilateral hands. The impression included bilateral thumb arthritis possibly recurring carpal tunnel syndrome following a release in 2002. The physician opined the patient had thumb arthritis changes on x-ray and that he would like to get a bone scan of both hands to see whether there was any evidence of increased bone turnover in the thumb CMC joints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BONE SCAN FOR BILATERAL HANDS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Fracture or Dislocation of Wrist.

**Decision rationale:** Official Disability Guidelines discuss bone scans in relation to a suspected diagnosis of scaphoid fracture and that bone scans are rarely useful to confirm a suspected diagnosis of scaphoid fracture. The clinical documentation submitted for review failed to indicate the physician had suspicion of a scaphoid fracture. The patient had an x-ray which revealed there were thumb arthritic changes. The physician indicated the patient should have a bone scan of both hands to see whether there was any evidence of increased bone turnover in the thumb CMC joints. The physician did not indicate a suspicion of a scaphoid fracture. Given the above, the request for a bone scan for bilateral hands is not medically necessary.