

Case Number:	CM13-0049710		
Date Assigned:	04/07/2014	Date of Injury:	07/07/2009
Decision Date:	06/30/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/08/2013

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 injured worker is a 50-year-old male who reported an injury on 07/07/2009. The mechanism of the injury was not provided within the medical records. The clinical note dated 08/28/2013 indicated diagnoses of status post right shoulder for reported rotator cuff tear and tendonitis of the right elbow and wrist. The injured worker reported pain to the right wrist with flexion and extension of the right wrist as well as radial and ulnar deviation associated with numbness and tingling in the fingers. On physical exam of the right wrist, deep tendon reflexes were 2+ and symmetric throughout, sensation is intact to light touch. The injured worker demonstrated good grip strength but reported right wrist pain. The range of motion to the shoulder was full. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The provider submitted a request for a nuclear medicine total body bone scan. The provider recommended the bone scan to rule out tendonitis. The Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

A NUCLEAR MEDICINE TOTAL BODY BONE SCAN: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for a nuclear medicine total body bone scan is non-certified. The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) states in cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. A bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity, even if obtained within 48 to 72 hours following the injury. The injured worker had full range of motion to the right wrist, deep tendon reflexes were intact and sensation was intact. The injured worker demonstrated good grip strength. The documentation submitted indicated the physician requested a bone scan to rule out tendonitis; however, the request was for a total body bone scan. The documentation submitted did not indicate why the physician requested a body bone scan. There was a lack of documentation indicating the injured worker has significant physical exam findings which would warrant his need for a bone scan. Therefore, per the American College of Occupational and Environmental Medicine, 2nd Edition, 2004, the request for a nuclear medicine total body bone scan is not medically necessary.