MAXIMUS Federal Services

Case Number:	CM13-0054414		
Date Assigned:	12/30/2013	Date of Injury:	02/06/2013
Decision Date:	05/30/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/04/2013

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, has a subspecialty in Sports Medicine 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 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 28-year-old male who reported an injury on 02/06/2013. The worker was injured when a drill fell, striking him on the left shoulder, causing him to fall onto the back of his left hand. The clinical note dated 09/11/2013 indicated that the injured worker reported right upper extremity pain rated 6-9/10, with intermittent stabbing pain. The injured worker also complained of left shoulder pain. The provider noted that the injured worker had reduced range of motion, with positive orthopedic testing for dysfunction symptoms, reflecting possible regional sympathetic dystrophy. The injured worker had diagnoses of derangement of left shoulder and hand, and regional sympathetic dystrophy. The request for authorization for the bone density scan for the left wrist was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE DENSITY SCAN FOR THE LEFT WRIST: 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) PAIN (UPDATED 06/07/13), BONE SCAN (FOR CRPS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC), CRPS DIAGNOSTIC TEST.

Decision rationale: The injured worker complained of right upper extremity pain, rated 6-9/10 with intermittent stabbing like pain, as well as left shoulder pain. The MTUS/ACOEM Guidelines recommend limited bone scan to detect fractures if clinical suspicion exists. The Official Disability Guidelines indicate that bone density testing is considered experimental and is not recommended. The guidelines also note that there should be evidence that all other diagnosis have been ruled out. The guidelines indicate that there should be evidence that the budapest criteria have been evaluated for and fulfilled. It did not appear the Budapest criteria were assessed for and were fulfilled. Additionally, a bone density scan is not recommend and considered expiremental, therefore the request is non-certified.