

Case Number:	CM13-0054830		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2012
Decision Date:	03/26/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/20/2013

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 Orthopedic Surgery 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 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 59-year-old male who reported an injury on 04/20/2012. The mechanism of injury was not provided. The one clinical note that was provided was dated 05/09/2013. There was a lack of an objective physical examination. The diagnoses listed were noted to be right tendinitis, A1 pulley thumb and index finger without triggering, right carpal tunnel syndrome, right median and lateral epicondylitis side, right irritation of the first dorsal compartment without de Quervain's disease, right ulnar nerve neuropathy cubital tunnel, left carpal tunnel syndrome, left median and lateral epicondylitis side, left irritation first dorsal compartment without de Quervain's disease, left irritation ulnar nerve cubital tunnel without cubital tunnel syndrome and subluxation extensor tendon right index finger. There was a lack of recent documentation submitted to support the request. The request was made for a triple phase bone scan of bilateral extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triple phase bone scan of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless Online, Role of Bone Scans.

Decision rationale: Per Wheelless' online, bone scans are generally considered sensitive but not specific and may help to rule out associated conditions such as stress fractures. There was a lack of documentation including an objective thorough physical examination and there was no accompanying request or DWC Form RFA, given the above and the lack of documentation, the request for triple phase bone scan of the left upper extremity is not medically necessary.

Triple phase bone scan of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless Online, Role of Bone Scans.

Decision rationale: Per Wheelless' online, bone scans are generally considered sensitive but not specific and may help to rule out associated conditions such as stress fractures. There was a lack of documentation including an objective thorough physical examination and there was no accompanying request or DWC Form RFA, given the above and the lack of documentation, the request for triple phase bone scan of the right upper extremity is not medically necessary.