

Case Number:	CM13-0060412		
Date Assigned:	12/30/2013	Date of Injury:	08/29/2011
Decision Date:	11/05/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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 Orthopedic Surgery, has a subspecialty in Hand 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 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 42-year-old female who reported an injury on 08/29/2011. Medical records reviewed. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of right thumb sprain. The injured worker has undergone corticosteroid injections and medication therapy. Medications included Voltaren gel. On 08/02/2013, the injured worker complained of a flare up in the right thumb. Physical examination noted that the right thumb was tender to palpation. There was pain with range of motion. There was mild decrease with range of motion. Flexor increased pain. The treatment plan is for the injured worker to undergo a bone scan of the right thumb/hand. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan Right Thumb/Hand: Upheld

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

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

Decision rationale: The request for bone scan right thumb/hand is not medically necessary. The MTUS/ACOEM indicates that a bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity, even if obtained within 48 hours to 72 hours following the injury. According to ACOEM, a bone scan will not identify tendon strain, tendinitis/tenosynovitis, de Quervain's tendinitis, trigger finger, carpal tunnel syndrome, ganglion or infection. It was not submitted in the documentation as to how the provider felt a bone scan might aid in the plan of care of the injured worker. Additionally, there were no indications that the provider suspected a scaphoid fracture. Given the above, the injured worker is not within recommended guideline criteria. As such, the request for a bone scan right thumb/hand is not medically necessary.