

Case Number:	CM14-0009756		
Date Assigned:	02/21/2014	Date of Injury:	05/22/2013
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/24/2014

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 and is licensed to practice in Maryland. 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 41-year-old female who reported an injury to the right shoulder and right side of the neck. The MRI of the cervical spine dated 11/21/13 confirmed disc protrusion at C5-6. A clinical note dated 12/05/13 indicated the injured worker demonstrating range of motion deficits throughout the right shoulder. Numbness was identified throughout the right upper extremity. Strength deficits were also identified throughout the right elbow and wrist. A clinical note dated 01/08/14 indicated the injured worker complaining of right sided neck pain along with pain in the right arm. The injured worker previously underwent an arthroscopic procedure at the right shoulder. The injured worker utilized oxycodone for ongoing pain relief. A clinical note dated 02/06/14 indicated the injured worker complaining of neck pain radiating to the jaw. The injured worker reported a progressive nature of the radiating pain. Tenderness was identified on the right side of the neck. X-rays revealed disc protrusion at C5-6. The utilization review dated 01/21/14, resulted in the denial for a triple phase bone scan as no information was submitted supporting the need for a bone scan.

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 RIGHT SHOULDER AND ARM.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Neck and Upper Back (updated 12/16/13), Bone scan; and <http://www.ncbi.nlm.nih.gov/pubmed/8857786>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Bone scan.

Decision rationale: The injured worker has complaints of right arm and neck pain. The Official Disability Guidelines indicate that a bone scan is recommended for injured workers who have previously undergone imaging studies and there is a need for further assessment regarding a follow-up evaluation of osseous metastases. No information was submitted regarding the injured worker's diagnosis of osseous metastases. Given the lack of significant findings confirming the need for a bone scan, this request is not indicated.