

Case Number:	CM14-0100301		
Date Assigned:	07/30/2014	Date of Injury:	01/14/2014
Decision Date:	09/10/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 1/14/14. A utilization review determination dated 6/11/14 recommends non-certification of a whole body scan. A 5/29/14 medical report identifies symptoms in the left shoulder, right lower leg and ankle, right foot, and lower back. On exam, there is enlargement of the entire lower leg, ankle, and foot when compared to the opposite left lower extremity. There is uniform circumferential pitting edema and distally the foot is warm. History is positive for recent treatment for gynecologic carcinoma including radiation of the pelvic area. The primary care physician was contacted and the patient was directed to undergo additional evaluation from that standpoint. A request was made for a total body scan to assist in assessing the low back, left shoulder, right lower leg, foot, and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Whole body scan QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back (web: updated 5/12/14)Bone Scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Shoulder, and Ankle and Foot Chapters, Bone Scan.

Decision rationale: The ODG notes that bone scanning is not recommended, except for evaluation of conditions such as bone infection, cancer, arthritis, stress fractures in chronic cases, or complex regional pain syndrome if plain films are not diagnostic. Within the documentation available for review, there is no indication of a condition for which a whole body scan is supported or another clear and specific rationale for its use in this patient. In the absence of such documentation, the currently requested whole body scan is not medically necessary.