MAXIMUS Federal Services

Case Number:	CM14-0105065		
Date Assigned:	07/30/2014	Date of Injury:	01/22/2012
Decision Date:	09/26/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/07/2014

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 Occupational Medicine 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:

The claimant was injured on 01/22/12. A bone scan for the bilateral wrists is under review. She has a history of left wrist arthroscopic excision of bone graft and allograft with continued pain. She has left wrist tenderness at the scapholunate interval. MRI showed evidence of potential recurrence of a cyst formation about the scaphoid. Bone scan was not certified as it is not as sensitive and specific as CT or MRI and an MRI was already done. She saw [redacted] on 04/23/14. Berger had recommended an MRI. Range of motion was limited slightly versus the contralateral side. The claimant saw [redacted] and complained of pain in the mid wrist area. Movement was somewhat painful. Forced flexion was very painful. An MRI showed that her wrist was not fused and the graft had not taken. Bone scan of the left wrist was recommended to see if she needs a new bony fusion of the left wrist. She saw [redacted] on 05/28/14. The MRI showed no significant change since her prior exam. Examination of the left wrist revealed continued tenderness to palpation of the dorsal aspect of the wrist at the scapholunate lunate interval. She had an MRI on 04/28/14 that showed evidence of potential recurrence of the cyst formation. There was no other evidence of significant bony or soft tissue abnormality. She remained asymptomatic and a bone scan of the wrist was recommended to assess for potential nonunion. The right side would be done for comparison. She saw [redacted] on 06/04/14. She was diagnosed with avascular necrosis of the lunate and closed fracture of the left scaphoid bone. She had diminished range of motion. A nuclear scan was recommended for nonunion per recommendation by [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan of the bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand (Acute & Chronic) Chapter, Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand, Bone ScanOther Medical Treatment Guideline or Medical Evidence: ACR Appropriateness Criteria Â® chronic wrist pain. [online publication]. Reston (VA): American College of Radiology (ACR); 2012.

Decision rationale: The MTUS state that bone scans may be used in the evaluation of possible infection but not nonunion. The Official Disability Guidelines do not support the use of bone scans to evaluate nonunion. The guideline by Rubin, et al states "Variant 11: Radiographs show old scaphoid fracture. Evaluate for nonunion, malunion, osteonecrosis, and/or post-traumatic osteoarthritis: Bone scan is usually not appropriate." The medical necessity of this request, especially since an MRI which is more sensitive and specific, has already been done. It is not clear how the results of a bone scan for the wrist, with a comparison study of the opposite, uninvolved side, is likely to significantly change the claimant's course of treatment. None of the listed guidelines support this request for a bone scan of both wrists and the medically necessity has not been demonstrated.