

Case Number:	CM14-0131112		
Date Assigned:	08/20/2014	Date of Injury:	09/03/2013
Decision Date:	09/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 40-year-old male with a reported date of injury on 09/03/2013. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include fracture to the left distal radius, crush injury to the left wrist/hand, left carpal tunnel syndrome, left rotator cuff tendinitis and impingement syndrome, and left upper triceps straining injury/contusion. His previous treatments were noted to include soft tissue modalities, exercise, and medications. The progress note dated 07/23/2014 revealed the injured worker had not received any therapy for his left shoulder and had no improvement with his continued self treatment. The physical examination of the right shoulder showed no localized tenderness and satisfactory range of motion without discomfort. There was a negative impingement sign and satisfactory rotator cuff strength. The physical examination of the left shoulder noted no soft tissue swelling. There was tenderness to palpation over the anterior rotator cuff. There was mild acromioclavicular joint and bicipital tenderness without irritability. There was a positive impingement sign and no shoulder instability. There was no Paresthesia with shoulder motion and there was satisfactory rotator cuff/deltoid/biceps strength. The range of motion was noted to be diminished and there was a greater passive range of motion without obvious adhesive capsulitis. The progress note dated 08/13/2014 revealed the injured worker had not had diagnostic studies or physical therapy for the left upper extremity. The physical examination of the left shoulder revealed tenderness to palpation over the anterior rotator cuff with mild acromioclavicular joint and bicipital tenderness without irritability. There was a positive impingement sign. There was no Paresthesia with shoulder motion and a decreased range of motion. The request for authorization form dated 08/04/2014 was for a Triphasic bone scan; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triphasic bone scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 14, 121, 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Bone Scan.

Decision rationale: The injured worker complained of pain with decreased range of motion and a positive impingement sign to the left shoulder. The California MTUS ACOEM Guidelines state the use of bone scans are optional for detection of acromioclavicular joint arthritis. The guidelines also state cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or acromioclavicular joint. The Official Disability Guidelines recommend assessment of clinical findings as most useful method for establishing chronic regional pain syndrome. A gold standard for the diagnosis of CRPS has not been established and no test has been proven to diagnose this condition. A triple phase bone scan is recommended for select patients in early stages to help establish a CRPS diagnosis. Routine use is not recommended. The diagnosis is suggested when the blood flow and blood pool images show diffuse asymmetric uptake, or when the delayed image indicates increased asymmetric periarticular uptake. There is research that suggests that the delayed phase is the most sensitive for the diagnosis. Osteoporosis is seen at a later duration after the diagnosis is made. There is a lack of documentation regarding failure of conservative care prior to ordering a special imaging study. The provider indicated the injured worker had not had physical therapy to his left shoulder and the documentation did not provide whether the injured worker has had previous radiographs. Additionally, the request failed to provide the body region at which the Triphasic bone scan has been requested. Therefore, Triphasic bone scan is not medically necessary.