MAXIMUS Federal Services

Case Number:	CM14-0176492		
Date Assigned:	10/29/2014	Date of Injury:	03/21/2012
Decision Date:	12/05/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/24/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Connecticut. 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 52 year old female who reported an injury on 03/21/2014. The mechanism of injury was reportedly a motor vehicle accident. Her diagnosis was noted as carpal joint sprain and right thenar pain of unknown etiology. Past treatment was noted to include therapy, injections, and surgery. On 01/11/2013, she underwent an MRI of the right wrist post-arthrogram injection which was noted to reveal fibrocartilage thinning and an x-ray to her right thumb on 10/09/2014, which showed no abnormal findings. It was noted she had undergone a right wrist arthroscopy and compartment release. On 10/09/2014, she had complaints of pain to her thenar eminence when pressure was applied to her palm. Upon physical examination, the injured worker had full range of motion and grip of the right hand, wrist, and thumb. It was also noted she had a negative grind test, no instability of the joint, and no flexor tenosynovitis findings. Her medications were not included in the report. A request was received for a bone scan of the right hand to determine the source of the injured worker's pain. A Request for Authorization was signed on 10/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan of right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG); Treatment in Workers' Compensation (TWC), Knee and Leg Chapter.

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 of the right hand is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are needed after 4-6 weeks of conservative care, unless red flags or exceptional factors are present. The guidelines note a bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity, even if obtained within 48 to 72 hours following the injury. The documentation noted that the injured worker participated in therapy and has had injections. There is a lack of documentation indicating the injured worker had significant findings upon physical examination which would indicate the injured worker had significant pathology to the right hand. There was no evidence of a fracture. As such, the request is not medically necessary.