

Case Number:	CM14-0180851		
Date Assigned:	11/04/2014	Date of Injury:	03/24/2011
Decision Date:	12/10/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/29/2014

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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 3/2/11. She is status post right carpal tunnel surgery and had an MRI arthrogram of the right wrist in 6/13 showing ligamentous tears. She was seen by her provider on 10/6/14 with complaints of worsening bilateral wrist pain, worse on the ulnar side. (The note is hand written and very difficult to read / illegible). At issue in this review is the request of a bone scan of the left and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: The request in this injured worker with chronic pain is for a bone scan of the left wrist. The records document pain but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. A bone scan may diagnose a suspected scaphoid fracture, if obtained within 48-72 hours following the injury. Her injury was in 2011. The medical records do not justify the medical necessity for a bone scan of the left wrist.

Bone scan right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: The request in this injured worker with chronic pain is for a bone scan of the right wrist. The records document pain but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. A bone scan may diagnose a suspected scaphoid fracture, if obtained within 48-72 hours following the injury. Her injury was in 2011. The medical records do not justify the medical necessity for a bone scan of the right wrist.