

<b>Case Number:</b>	CM14-0020679		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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:

This is a 59-year-old female with a 8/22/12 date of injury after falling and hit he left side of her head. The patient was seen on 12/13/13 with complaints of right shoulder pain with swelling and tingling in the fingertips, as well as pain in the cervical and lumbar spine. Exam findings revealed decreased cervical range of motion with paraspinal tenderness. The patient was seen on 3/17/14 where the patient complained of left arm numbness and was noted to be status post multiple stellate ganglion blocks. Exam findings of the left upper extremity revealed positive impingement test, decreased range of motion in the shoulder, wrist, and hand with a positive Tinel's and Phalen's sign over the carpal tunnel. The patient's diagnosis is RSD of the left upper extremity secondary to a fracture of the left distal radius and arm trauma. On 7/3/13 EMG/NCV of bilateral upper extremities showed normal results. Treatment to date: multiple stellate block injections, chiropractic and physical therapy, IF unit, medication management. The utilization review decision dated 2/13/14 the request given the requested study would not change her treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BONE SCAN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome, CRPS, Diagnostic Tests Page(s): 36.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Guidelines CRPS Page(s): 36. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Pain Chapter CRPS Diagnostic tests.

**Decision rationale:** The California MTUS guidelines state that a 3-phase bone scan can be used in the diagnosis of CRPS. The California MTUS states that a diagnostic test for CRPS is only necessary if four physical findings are not present. The ODG states a triple phase bone scan is recommended for select patients in early stages to help in confirmation of the diagnosis when the diagnosis is not clinically obvious. The requested scan was for the patient's diagnosis of regional sympathetic dystrophy (aka CRPS) of the left upper extremity. The patient has apparently had this diagnosis for an unknown period of time but, yet there are no documented clinical findings such as temperature/color change; edema; trophic changes, (skin, hair, and/or nail growth abnormalities); impaired motor function (tremor, abnormal limb positioning and/or diffuse weakness that can't be explained by neuralgic loss or musculoskeletal dysfunction); hyperpathia/allodynia; or Sudomotor changes (sweating). There is insufficient documentation regarding this patient's physical findings of the left upper extremity in the documentation provided. In addition, the patient's NCV was normal while she had this diagnosis. Therefore, the request for a bone scan was not medically necessary.