

<b>Case Number:</b>	CM14-0021260		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/24/2008
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 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 injured worker was a 57-year-old male who reported an injury on 07/24/2008. The mechanism of injury was noted to be cumulative trauma. The most recent clinical evaluation submitted with this review was dated 12/30/2013. On physical examination, the injured worker had a full neuromuscular evaluation, but all the abnormal results were still located within the injured worker's wrists and hands bilaterally. The injured worker had reduced sensation and strength documented 4/5, each was present in the distribution of the bilateral ulnar nerves or distal to the injured worker's wrists and at or distal to the injured worker's elbows. The injured worker had reduced sensation and strength noted 3/5 each in the distribution of the bilateral median nerves at or distal to the injured worker's wrists. The injured worker had positive Tinel's and Phalen's signs at the wrists bilaterally and bilaterally positive Tinel's sign at the elbows. The injured worker had prior treatment noted of physical therapy but no efficacy of this treatment. The injured worker's diagnoses were noted to be cumulative trauma that leads to the establishment of repetitive stress syndrome, repetitive stress syndrome had in turn generated bilateral cubital tunnel syndrome and bilateral carpal tunnel syndrome, status post carpal tunnel release surgery, reflex sympathetic dystrophy to the upper left, and chronic pain syndrome with idiopathic insomnia. The treatment plan included open MRIs of hands and wrists, bone scan, regional of the bilateral upper limbs, vascular, 3 phases, and SPECT. Electrodiagnosis of the bilateral upper limbs was recommended to see where he was at within this stage and x-ray of the injured worker's left elbow. A request for authorization for medical treatment was not provided within the documentation. The provider's rationale for the request of a bone scan to the right hand/wrist was noted to be deterioration in the injured worker's condition within the past 3 years.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BONE SCAN RIGHT HAND/WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Bone Scan.

**Decision rationale:** The request for a bone scan to the right hand/wrist is not medically necessary. The Official Disability Guidelines indicate bone scans for an adequate CRPS evaluation. There should be evidence that all other diagnoses have been ruled out. A diagnosis of chronic regional pain syndrome should not be accepted without a documented and complete differential diagnostic process completed as part of the record. The guidelines continue to state that a standard for diagnosis of chronic regional pain syndrome has not been established and no test has been proven to diagnose this condition. Assessment of clinical findings is currently suggested as the most useful method of establishing the diagnosis. The injured worker already has a diagnosis of chronic regional pain syndrome as documented within this review. The rationale for the request was due to deterioration of the injured worker's physical condition. The request does not meet the criteria set forth by the Official Disability Guidelines. Therefore, the request for a bone scan to the right hand/wrist is not medically necessary.