

Case Number:	CM14-0088625		
Date Assigned:	07/23/2014	Date of Injury:	07/23/2013
Decision Date:	09/17/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/12/2014

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 Family 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 54-year old finance manager reported right wrist and elbow pain, neck pain, back pain and bilateral leg pain after slipping and falling down some steps on 7/23/13. Apparently she has subsequently also reported a compensatory left wrist injury, and psychological problems. She was initially diagnosed as having a scaphoid fracture of her right wrist. However, the first orthopedist she was referred to (first visit 10/29/13), felt that she had a wrist contusion with a non-traumatic scaphoid bone cyst. He recommended a strengthening program. When the patient's pain persisted, he performed lidocaine injections into the right carpometacarpal and scaphotrapezial joints. The orthopedist noted that the patient received temporary pain relief from these injections, and referred the patient to a hand surgeon for possible surgical intervention. The hand surgeon first saw this patient on 4/4/14. Her complaints included continued radial wrist pain with intermittent swelling and redness. Exam was notable for tenderness at the carpometacarpal (CMC) joint, and positive CMC grind testing. She also had scaphotrapezial joint tenderness. He repeated plain x-rays and reviewed her 9/26/13 MRI of the right wrist. He noted that there was a large cyst in the distal pole of the scaphoid, which he thought was probably old. He diagnoses possible early arthritis of the CMC and other wrist joints. The patient did not want to try another wrist injection, as the first one had been too painful. The hand specialist recommended that the patient continue to use a splint, and that she try lidoderm patches. On 5/7/14, the hand specialist issued a supplemental report in which he stated that he had reviewed the x-ray findings with a colleague and now felt that it was possible that the patient's cyst, rather than her arthritis, was the source of her pain. He thought there might be a small fracture through the cortical bone near the distal end of the cyst. He requested a technetium bone scan with SPECT imaging of the right wrist to evaluate for metabolic activity at the cyst. He stated that if such activity were present, it would be more likely that the cyst is the

source of her pain and that it might respond to a surgical procedure such as curettage and bone grafting. A request for authorization of the scan was generated on 5/14/14 and denied in UR on 5/21/14. A request for IMR of this decision was made on 6/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 phase bone scan right wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Eur J Nucl Med Mol Imaging, 2012 May; 39 (5): 750-9. doi: 10.1007/ s00259-011-2034-3. Epub 2012 Jan 12).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology Appropriateness Criteria, Chronic Wrist Pain.

Decision rationale: Per the ACOEM guideline cited above, a bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity. Per the ACR reference cited above, bone scintigraphy has been used for diagnosing occult wrist fractures and also as a screening procedure in patients with wrist pain and negative radiographs. However, while it is sensitive to bone abnormalities, scintigraphy suffers from a lack of specificity. In this case, where there is concern that a subtle fracture may have been missed by MRI, and where finding such a fracture could significantly alter the course of treatment, it is medically appropriate to order a highly sensitive test such as a bone scan. Based on the evidence-based references cited above and the clinical findings in this case, the request for 3 phase bone scan right wrist is medically necessary.