

<b>Case Number:</b>	CM14-0136836		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	05/14/2010
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### 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 64-year-old female, who sustained an industrial injury on 5/14/10. She has reported initial complaints of a fall injuring legs, ankles, and feet. The diagnoses have included right sprain/strain of the ankle, fracture of the left lower leg, bilateral knee strain/sprain, status post open reduction internal fixation (ORIF) of the left ankle, non-union fracture of the fifth metatarsal of the right foot, and avulsion fracture navicular bone right foot. Treatment to date has included medications, activity modifications, surgery, casting, physical therapy, walker, acupuncture, pain management, X-rays and Magnetic Resonance Imaging (MRI), CAM boot, consultations, partial weight bearing and other modalities. Currently, as per the physician orthopedic qualified medical evaluation note dated 7/16/14, the injured worker complains of pain all over her body that is constant but is temporarily relieved with use of medications. The physical exam reveals that she ambulates with antalgic gait favoring the left lower extremity (LLE). She is using a cane and wearing a controlled ankle movement (CAM) boot. There is tenderness to palpation of the bilateral knees. The left ankle exam reveals a well-healed surgical scar and there is swelling noted of the right and left ankle. The exam of the right and left ankle reveals tenderness to palpation. The right foot exam reveals deformity at the base of the fifth metatarsal. There is tenderness to palpation over the right foot. The physician requested treatment included Bone scan whole body with attention to right foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone scan whole body with attention to right foot: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested Bone scan whole body with attention to right foot, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Bone Scan, note that bone scans: "Indications for imaging, Bone Scan (Radioisotope Bone Scanning): Bone scans may be utilized to rule out: Tumor (suspected neoplastic conditions of the lower extremity). Stress fractures in chronic cases (occult fractures, especially stress fractures, may not be visible on initial x-ray; a follow-up radiograph and/or bone scan may be required to make the diagnosis). Infection (99MTechnecium diphosphonate uptake reflects osteoblastic activity and may be useful in metastatic/primary bone tumors, stress fractures, osteomyelitis, and inflammatory lesions, but cannot distinguish between these entities.) Complex regional pain syndrome/CRPS-I/ Reflex sympathetic dystrophy (discontinued nomenclature), if plain films are not diagnostic. " The injured worker has pain all over her body that is constant but is temporarily relieved with use of medications. The physical exam reveals that she ambulates with antalgic gait favoring the left lower extremity (LLE). She is using a cane and wearing a controlled ankle movement (CAM) boot. There is tenderness to palpation of the bilateral knees. The left ankle exam reveals a well healed surgical scar and there is swelling noted of the right and left ankle. The exam of the right and left ankle reveals tenderness to palpation. The right foot exam reveals deformity at the base of the fifth metatarsal. There is tenderness to palpation over the right foot. The treating physician has not sufficiently documented evidence of the above-criteria for indications for this imaging study. The criteria noted above not having been met, Bone scan whole body with attention to right foot is not medically necessary.