

Case Number:	CM14-0189961		
Date Assigned:	11/21/2014	Date of Injury:	01/25/2013
Decision Date:	06/04/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 30 year old female, who sustained an industrial injury on January 25, 2013. She reported cutting her left thumb using her hands to prevent a box from falling. The injured worker was diagnosed as having pain in the shoulder joint, pain in the hand joint, reflex sympathetic dystrophy, open wound hand complication, rule out sympathetically mediated pain, Complex Regional Pain Syndrome (CRPS) left upper extremity, and contractures left upper extremity. Treatment to date has included splinting, cortisone injection, and medication. Currently, the injured worker complains of constant severe burning pain on her left hand that radiates up to her right shoulder, accompanied with limited range of motion (ROM) of her left hand. The Primary Treating Physician's report dated October 9, 2014, noted the injured worker using Ultram for the continuing pain. The physical examination was noted to show pain and tenderness along the length of the left upper extremity with limitations of range of motion (ROM) of the left wrist, left elbow, and shoulder due to production of pain, and contractures on several of the digits on the left. The treatment plan was noted to include x-rays of the bilateral hands, Elavil, and recommendations for a bone scan and left therapeutic/diagnostic stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan of Bilateral Hands: 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: CRPS diagnostic tests.

Decision rationale: The injured worker has a diagnosis of CRPS based on symptoms and clinical exam findings. A request has been made for a bone scan. While MTUS does not specifically mention bone scan evaluation in CRPS, the ODG states that bone scan is not routinely performed for patients suspected of CRPS. Recommendation is made to obtain bone scan in the early phase of diagnoses since there is decreasing sensitivity since initial injury. Since the injured worker is now approximately 17 months since the initial injury, bone scan at this time is not supported by the clinical guidelines. Therefore, the requested treatment is not medically necessary.