

<b>Case Number:</b>	CM14-0202795		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Practice, 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 injured worker's date of injury is 07/19/2011. Documentation on the original injury was not provided. The patient slipped stepping down from his truck suffering a contusion of the upper lateral thigh. This patient receives treatment for chronic hip and lower extremity pain. The specific medical diagnoses are contusion and straining injury of the left thigh with left lateral femoral cutaneous nerve neuropraxia. Medications prescribed include Tylenol #3 with codeine. A left hip x-ray and a left femur x-ray dated 03/14/2014 were normal. An orthopedist's note dated 10/01/2014 states that the hip exam was normal. There was decreased sensation in the distribution of the lateral femoral nerve. Electrophysiologic studies on 10/13/2014 were normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone Scan of the bilateral lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Hip & Pelvis, Bone scan (radioisotope bone scanning)..

**Decision rationale:** This patient received a contusion to the upper lateral thigh in July 2011. All radiographs have been negative. No medical history of cancer is stated. No laboratory

abnormalities that suggest an inflammatory state, such as, elevated sed rate or quantitative CRP are presented. No unexplained fever or night sweats is documented. A bone scan may be medically indicated when investigating osteomyelitis, occult fracture, or primary or metastatic cancer to the bones. There are no findings on physical exam, from laboratory data, or from other forms of imaging that suggest a neoplastic, infectious, traumatic, or neurologic entity (such as a Charcot joint) that requires a bone scan. A Bone Scan is not medically indicated. The request for Bone Scan of the bilateral lower extremity is not medically necessary.