

Case Number:	CM14-0206305		
Date Assigned:	12/18/2014	Date of Injury:	08/05/2014
Decision Date:	02/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, has a subspecialty in Pain 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 is a patient with a date of injury of November 12, 2014. A utilization review determination dated December 9, 2014 recommends noncertification of a bone scan for the right upper extremity. A progress report dated October 20, 2014 identifies subjective complaints indicating that the patient's symptoms have not changed. The patient is using a wrist brace and awaiting authorization for a bone scan and EMG. The patient's complaints appear to be related to the right shoulder, elbow, and wrist. The patient recently started physical therapy. Objective examination findings reveal no change in color, an effusion is present in the shoulder and elbow, and normal range of motion. Diagnoses are largely illegible. The treatment plan recommends a prednisone taper, oxycodone, and upper extremity bone scan to evaluate for CRPS. Also a referral to pain management is recommended. A progress report dated September 29, 2014 indicates that the patient's right upper extremity pain has gotten worse. Physical examination finding reveals right upper extremity swelling at the shoulder and wrist. Diagnosis is right shoulder and elbow pain. The treatment plan recommends bone scan limited to right upper extremity to rule out CRPS. Notes indicate that the patient has tried Cymbalta and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan of the upper right extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, CRPS and Diagnostic Tests Sections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, CRPS, diagnostic tests; CRPS, pathophysiology (clinical presentation and diagnostic criteria).

Decision rationale: Regarding the request for bone scan, ODG states that triple phase bone scan is recommended for select patients in early stages to help in confirmation of the diagnosis of chronic regional pain syndrome (CRPS). The guidelines state that the sensitivity of the test is less than its specificity and the former declines with increasing duration of CRPS. Suggestion has been made that TPBS is most useful in the early duration after diagnosis (4-6 months). To diagnose CRPS, the three criteria generally identified in the literature include those suggested by Veldman et al., those originally suggested by the IASP, and a further modification of the latter referred to as the Budapest (Harden) criteria. Within the documentation available for review, there are no documented subjective/objective findings that are consistent with the diagnosis of CRPS. Additionally, a recent EMG/NCS revealed mild right carpal tunnel syndrome, which could potentially explain the patient's symptoms. As such, the currently requested bone scan is not medically necessary.