

Case Number:	CM15-0008519		
Date Assigned:	01/26/2015	Date of Injury:	12/19/2012
Decision Date:	03/30/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

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: Orthopedic Surgery

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 53-year-old female, who sustained an industrial injury on 12/19/2012. The diagnoses have included cervical spine degenerative disk disease with intermittent radiculitis, right shoulder rotator cuff tear, right elbow lateral epicondylitis, and right wrist carpal tunnel syndrome. Treatments to date have included home exercise program and medications. Diagnostics to date have included electromyography/nerve conduction studies on 07/21/2014 showed an abnormal study consistent with right carpal tunnel syndrome. In a progress note dated 11/19/2014, the injured worker presented with complaints of right shoulder pain with clicking. The treating physician reported to continue home exercise program and medications and requested authorization for a bone scan of the right upper extremity. Utilization Review determination on 12/17/2014 non-certified the request for Bone Scan Right Upper Extremity citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan Right Upper 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Bone scan

Decision rationale: CA MTUS/ACOEM is silent on the issue of bone scan. According to ODG, Low Back, Bone Scan, not recommended, except for bone infection, cancer, or arthritis. [Note: This is different from the 1994 AHCPR Low Back Guideline, which said recommend if no improvement after 1 month for bone scan. (Bigos, 1999)] Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma. In this case, there is lack of evidence in the records from 11/19/14 to warrant a bone scan. Therefore, the determination is for non-certification.