

Case Number:	CM15-0009404		
Date Assigned:	01/27/2015	Date of Injury:	08/15/1997
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 78 year old male, who sustained an industrial injury on 8/15/1997. The current diagnoses are right shoulder infection and status post revision of a total right shoulder arthroplasty. Currently, the injured worker complains of ongoing chronic pain, decreased strength, and limited range of motion of the right shoulder. On the last visit, he was to consider and offered a conversion to a reverse total shoulder arthroplasty, and at this time he believes that his pain is severe enough that he would like to undergo the surgery. Treatments to date were not found within the medical records provided. The treating physician is requesting WBC Scan of the right shoulder, which is now under review. On 12/19/2014, Utilization Review had non-certified a request for WBC Scan of the right shoulder. The WBC Scan of the right shoulder was non-certified based on lack of documentation showing the patient has signs and symptoms indicating infection to support the request for a bone scan. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

WBC Scan of the right shoulder: 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), Treatment Index, 12th Edition (web), 2014, Low Back- Bone Scan

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation BONE SCAN

Decision rationale: According to ODG guide lines, bone scan not recommended except as an option in follow-up evaluation of osseous metastases. This recommendation is based on evidence more current than the 1994 AHCPR Guideline, which had recommended this procedure for neck pain with no improvement after one month. Radionuclide bone scanning should not be the initial procedure of choice for patients with chronic neck pain, regardless of the etiology, including trauma, arthritis, or neoplasm. (Spitzer, 1995) (Daffner, 2010) For follow-up evaluation of osseous metastatic disease in malignant or aggressive musculoskeletal tumors, the Tc-99m bone scan of the whole body is a useful screening tool, but in cases of abnormal spine uptake, SPECT/CT can be used to better distinguish metastases from degenerative changes. There is a paucity of recent literature regarding whole-body bone scan and screening for osseous metastases. Much of this likely relates to recent advances in FDG-PET/CT and whole-body MRI and their superior anatomic resolution and specificity. Nonetheless, whole-body bone scan remains a useful screening tool in osseous metastatic disease, with an overall sensitivity comparable to that of FDG-PET/CT. In cases where there is abnormal radiotracer uptake in the spine, SPECT/CT can be used to better distinguish metastases from degenerative changes, thus increasing specificity. (Fitzgerald, 2011) A bone scan is an imaging test intended to detect increased activity in bone, such as fractures, infections, inflammation, or tumors (benign or malignant), by detecting changes in function before structural changes occur. There is no evidence of fracture, cancer, infection and arthritis in this case. Therefore, the request for a bone scan of the right shoulder is not medically necessary.