

Case Number:	CM15-0100624		
Date Assigned:	06/03/2015	Date of Injury:	05/23/2001
Decision Date:	07/08/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/26/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 50-year-old male, who sustained an industrial injury on May 23, 2001. Treatment to date has included medications and work restrictions. Currently, the injured worker complains of increased pain and stiffness in the feet, hands, hip, knees, shoulders, elbows and arms. On physical examination, the injured worker exhibits tenderness to palpation of the bilateral elbows, deformity of the bilateral wrist joints and swelling, ballotable patella sign was positive in both knees and swelling of the feet. The diagnoses associated with the request include rheumatoid arthritis, chronic steroid use and eosinophilia. The treatment plan includes laboratory panels to include complete blood count, comprehensive metabolic panel, and C - reactive protein and ESR test. A request was received for a dexascan due to the injured worker's long-term steroid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEXA scan: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic) Bone densitometrywww.webMD.com.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states the requested bone density can is indicated in appropriate patients at risk based on age and risk factors. The patient is on chronic steroid use and this is a known risk factor. Therefore, the test is medically necessary and the request is certified.