

<b>Case Number:</b>	CM15-0147883		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 34 year old male, who sustained an industrial injury on August 8, 2013, incurring left upper extremity injuries after falling 12 feet from scaffolding. He was diagnosed with a left wrist fracture, left median and ulna neuropathy, left wrist tenosynovitis, left wrist internal derangement and left upper extremity complex regional pain syndrome. Treatment included physical therapy, nerve block and wrist injection, pain medications, topical analgesic patches, neuropathic medications, anti-inflammatory drugs, transcutaneous electrical stimulation unit, bracing and activity restrictions and modifications. Currently, the injured worker complained of persistent pain with difficulty moving his left shoulder, elbow, wrist and hand. He noted decreased motion of the left upper extremity. There was coldness and a change in color of the left wrist and hand. The treatment plan that was requested for authorization included a bone scan of the left upper extremity, left wrist, left shoulder and left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone scan of the left upper extremity w/o contrast, left wrist, left shoulder, left elbow:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex regional pain syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Complex regional pain syndrome (CRPS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) bone scan, CRPS.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states bone scan may be indicated in the early stages of disease for confirmation of the diagnosis of CRPS. This patient already has the established diagnosis of CRPS and therefore the request is not medically necessary.