

<b>Case Number:</b>	CM15-0166849		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 64 year old female, who sustained an industrial injury on 7-2-10. The diagnoses have included left shoulder impingement syndrome, superior labral tear from anterior to posterior (SLAP), tendinitis, cuff tear, possible Reflex sympathetic dystrophy syndrome of the left arm, anxiety, depression and insomnia. Treatment to date has included medications, activity modifications, surgery, physical therapy, diagnostics and other modalities. Currently, as per the physician progress note dated 6-19-15, the injured worker complains of increased pain and discomfort in the left shoulder, left elbow, left wrist and hand region. The pain is rated 8 out of 10 on pain scale. She reports having headaches and that performing her activities of daily living (ADL) causes her pain to increase. She is awaiting left shoulder surgery, which is scheduled for next month. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left shoulder dated 8-5-11 that reveals tendinosis, subacromial -subdeltoid bursal effusion, glenohumeral joint effusion, and acromioclavicular joint (AC) arthropathy. There is also electromyography (EMG)-nerve conduction velocity studies (NCV) of the bilateral upper extremities dated 1-11-2012. The current medications included Mirtazapine, Prilosec, Ambien and Norco. The objective findings-physical exam reveals that left shoulder range of motion with flexion is 160 degrees, extension is 35 degrees, abduction is 150 degrees, adduction is 35 degrees, internal rotation 65 degrees, and external rotation is 70 degrees. Impingement test is positive on the left. There is tenderness over the greater tuberosity of the left humerus. There is subacromial grinding and clicking of the left humerus and there is tenderness over the rotator

cuff muscles on the left. The physician requested treatment included a Bone Scan of the Left Arm to rule out Reflex sympathetic dystrophy syndrome.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bone Scan Left Arm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 64 year old female has complained of left shoulder pain, left wrist pain and hand pain since date of injury 7/2/2010. She has been treated with surgery, physical therapy and medications. The current request is for a bone scan left arm. The available medical records do not contain adequate documentation of symptomatology and objective findings on examination of reflex sympathetic dystrophy or another diagnosis for which obtaining a bone scan would be indicated. On the basis of the available medical records and per the guidelines cited above, left arm bone scan is not medically necessary.