

Case Number:	CM15-0082706		
Date Assigned:	05/05/2015	Date of Injury:	10/31/2013
Decision Date:	06/05/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/30/2015

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: Preventive Medicine, Occupational 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 46 year old, female who sustained a work related injury on 10/31/13. The diagnoses have included right thumb carpometacarpal joint arthritis, right deQuervain's syndrome, degenerative joint disease and right short head biceps tendonitis with mildly frozen shoulder as a compensable cause of the patient's right hand and wrist injury. The treatments have included right hand surgery, right thumb injections, right wrist corticosteroid injection, physical therapy, anti-depressant medications and other medications. In the PR-2 dated 3/18/15, the injured worker complains of pain, swelling, hyperpathia and an itchy sensation in her distal third of forearm, radial hand and thumb. The area changes color as it is red at times and pale at other times. She has right proximal flexor forearm musculature tenderness. She has extensor forearm musculature tenderness. The right hand is pallid with distended veins on dorsum of hand. She has tremoring when she extends her right wrist. The right radial wrist is swollen and erythematous. The treatment plan is a bone scan of right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan of the right hand: 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 Official Disability Guidelines, Neck and Upper Extremities (Acute & Chronic), Bone scan.

Decision rationale: According to the Official Disability Guidelines, bone scan is not recommended except as an option in follow-up evaluation of osseous metastases. There is no documentation of malignancy. Bone scan is not helpful for tendon or soft tissue evaluation. Bone scan of the right hand is not medically necessary.