Case Number:	CM15-0086343		
Date Assigned:	05/08/2015	**Date of Injury:**	07/18/2014
Decision Date:	06/16/2015	**UR Denial Date:**	04/27/2015
Priority:	Standard	**Application Received:**	05/05/2015

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: Physical Medicine & Rehabilitation

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 44 year old male, who sustained an industrial injury on 7/18/2014. He reported striking his right elbow on a freezer door. The injured worker was diagnosed as having pain in joint, upper arm. Treatment to date has included medication, rest, physical therapy, lateral epicondyle injection, elbow sleeve, electromyogram and nerve conduction studies, and splinting. Radiographs were documented as unremarkable. Currently, the injured worker complains of right elbow pain at the lateral aspect and he admitted that his hand felt somewhat numb. Physical exam noted tender and painful common extensor origin, lack of 10 degrees on full extension, and painful range of motion. Otherwise, motor and sensory exam was intact. Exam of the hand noted decreased sensation about the medial and ulnar nerve distributions, with positive Tinel and Phalen testing. The treatment plan included a right elbow bone scan to rule out occult fracture. Findings were consistent with chronic lateral epicondylitis and it was felt that the ulnar and medial nerve problems were secondary in nature and should be followed on a conservative basis. Medications included Cyclobenzaprine, Tramadol, Omeprazole, Zaleplon, and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow bone scan: 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), Neck and upper back - Bone scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, Bone scan US national library of medicine website http://www.nlm.nih. gov/medlineplus/ency/article/003833. htm.

Decision rationale: The patient was injured on 07/18/14 and presents with right elbow pain. The request is for a right elbow bone scan to rule out an occult fracture of the right elbow. The RFA is dated 04/20/15 and the patient is to "return to full duty" (no dated indicated). MTUS, ACOEM, and ODG guidelines do not discuss bone scans for the elbow. However, ODG does discuss Bone scans for L-spine and Knee. It states, Not recommended, except for bone infection, cancer, or arthritis. (deVlam, 2000) (Littenberg, 1995) (ACR, 2000) [Note: This is different from the 1994 AHCPR Low Back Guideline, which said "Recommend if no improvement after 1 month for Bone scan. (Bigos, 1999)] Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma." For knee condition, ODG states that it is helpful following TKA for persistent symtpoms to differential infection and loosening. Bonescan for fractures: US national library of medicine NIH (http://www.nlm.nih. gov/medlineplus/ency/article/003833.htm) states a bone scan can be used to "Evaluate metabolic disorders, such as osteomalacia, renal osteodystrophy, primary hyperparathyroidism, osteoporosis, complex regional pain syndrome, and Paget's disease." The patient is diagnosed with right elbow/tennis elbow, cubital tunnel syndrome, and carpal tunnel syndrome. The patient is tender and painful to the common extensor origin, winces in pain to deep palpation, lacks 10 degrees of full extension, has pain at 90 degrees of flexion, and has pain with pronation/ supination. Regarding the hand, there is decreased sensation about the medial nerve distribution with a positive Tinel's and positive Phalen's test. There is also decreased sensation about the ulnar nerve distribution with a positive Tinel's at the level of the elbow. The patient does not present with any "metabolic disorders, such as osteomalacia, renal osteodystrophy, primary hyperparathyroidism, osteoporosis, complex regional pain syndrome, and Paget's disease" as indicated by NIH. The treater has asked for a Bone Scan of the elbow to rule out subtle fracture but the guidelines do not support it for such indications. Therefore, the requested right elbow bone scan is not medically necessary.