

<b>Case Number:</b>	CM13-0006691		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/09/2006
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 58 year old male who reported an injury on 01/09/2006. The mechanism of injury was not provided. The injured worker was diagnosed with ganglion cyst of the left wrist. The injured worker was treated with medications and excision of the cyst. The injured worker had unofficial radiographs done on 03/19/2013 of the trapezium noted on physician's report dated 04/16/2013. The injured worker previously underwent a left volar ganglion excision. The clinical note dated 07/25/2013 noted the injured worker complained of pain in the left wrist. The injured worker had soft tissue swelling on the volar aspect of the left distal radius. The injured worker was prescribed hydrocodone 5/500mg and voltaren gel. The treatment plan was for a bone scan of the left hand to see whether there was evidence of arthritis of the left wrist. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone Scan of left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request for bone scan of left hand is not medically necessary. The injured worker has a history of ganglion cyst of the left wrist. The injured worker complains of pain in the left wrist. The injured worker has soft tissue swelling on the volar aspect of the left distal radius. The California MTUS/ACOEM guidelines note the limited use of bone scans to detect fractures is optional if clinical suspicion exists. There is a lack of documentation indicating the injured worker has a fracture. There is no evidence upon physical examination which demonstrates the possible presence of arthritis to the left hand. Additionally, the requesting physician did not provide a recent clinical note with an assessment of the injured worker's left hand. As such, the request for bone scan of left hand is not medically necessary.