

Case Number:	CM14-0115477		
Date Assigned:	09/23/2014	Date of Injury:	07/03/2010
Decision Date:	10/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/23/2014

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 and is licensed to practice in Illinois. 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 31-year-old male who reported an injury on 07/03/2010 due to an unknown mechanism. His diagnoses were ankle sprain, debride and ulnar ostomy, and debride and hardware removal. The physical examination on 06/13/2014 revealed the injured worker had an injection, but the pain relief was reported as short lived and only minimal. The pain was reported to have persisted to the lateral elbow and more significantly to the ulnar wrist. The injured worker had an MRI of his right elbow that revealed tendinitis involving the distal biceps tendon but no definite partial tear or rupture was seen. There was no abnormal fluid in the adjacent bursa, and minimal tendinitis of the distal triceps tendon to its insertion. No partial tear or rupture was seen. Otherwise, it was a normal right elbow MRI. Medications were Cymbalta and Hydrocodone. The examination of the right elbow revealed mildly tender to palpation along the triceps tendon. Elbow extension against resistance was mildly uncomfortable along the triceps tendon. The lateral elbow remained tender along the common extensor origin. The ulnar nerve was tender. It does not sublux. The elbow flexion test reproduced ulnar sided wrist and forearm pain. The wrist extension against resistance was painful. There was tenderness along the TFCC. The pain seemed to worsen with ulnar deviation. Compression of the distal radioulnar joint was painful with rotation. There was no instability of the distal radioulnar joint. Elbow extension against resistance was minimally symptomatic along the triceps, especially with the elbow in over 90 degrees of flexion. The biceps was non-tender and supination against resistance and a Speed's test both were negative. The injured worker had a nerve conduction test that was negative for cubital tunnel syndrome. The rationale was "there is some discomfort along the distal radioulnar joint and I am concerned regarding potential degenerative joint disease. A bone scan may be considered. The bone scan would allow further evaluation of the distal radioulnar

joint and ulnocarpal joint and to rule out an arthritic process or potential complex regional pain syndrome." The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan Right Wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, CRPS, Diagnostic Tests

Decision rationale: The decision for a bone scan of the right wrist is not medically necessary. The Official Disability Guidelines state the recommendations (based on consensus guidelines) for adequate CRPS evaluation are: there should be evidence that the Budapest (hardened) criteria have been evaluated for and fulfilled; there should be evidence that all other diagnoses have been ruled out; a diagnosis of CRPS should not be accepted without a documented and complete differential diagnostic process completed as a part of the record; and if a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success, including that skin temperature after the block shows sustained increase greater than 1.5 degrees Celsius and/or an increase in temperature to greater than 34 degrees Celsius (without evidence of thermal or tactile sensory block); evidence of a Horner's response to upper extremity blocks should be documented; the use of sedation with the block can influence results, and this should be noted. The injured worker does not meet the criteria for a bone scan to rule out complex regional pain syndrome evaluation. There were no significant factors provided to justify the request outside of current guidelines. Therefore, this request is not medically necessary.