

Case Number:	CM14-0124232		
Date Assigned:	09/10/2014	Date of Injury:	02/13/2014
Decision Date:	10/14/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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 & 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 37-year-old female who reported an injury on 02/13/2014, the mechanism of injury was not provided. On 08/28/2014, the injured worker presented with left elbow pain. Upon examination, the upper extremities have normal development and tone. The left upper extremity was without swelling, wasting, skin lesion or deformity. The elbow have full active motion in all planes, there was expressions of discomfort at all extremes; however, the patient stated she did not have pain with these maneuvers. There was no effusion. There was tenderness diffusely about the left elbow at the triangular space. There was mildly tender medial and lateral epicondyle. There was tenderness to the cubital tunnel and mildly positive with dysesthesias in the small and ring fingers. The diagnoses were left elbow pain with were radiographic arthritic changes. Prior treatments were not provided. The provider recommended a nuclear medicine bone scan, whole body, the provider's rationale was provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuclear Medicine Bone scan (whole Body): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, diagnostic criteria, Page(s): 36..

Decision rationale: The request for Nuclear Medicine Bone scan (whole Body) is not medically necessary. The California MTUS recommends a 3 phase bone scan as a diagnostic test needed for CRPS. The injured worker's diagnosis is congruent with the guideline recommendation for a bone scan. As such, medical necessity has not been established.