

<b>Case Number:</b>	CM14-0129425		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	12/04/2008
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Occupational Medicine and is licensed to practice in Pennsylvania, Ohio, Mississippi & Texas. 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 submitted medical records indicate the injured worker is a 54 year old female who was injured on 12/04/08. The most recent primary treating physician clinical note dated 07/22/14, indicates the injured worker continues to have discomfort through the thenar eminence of the left hand. The injured worker's index discomfort and swelling is persistent. The injured worker saw a qualified medical evaluator (QME) who encourages further treatment before a permanent and stationary status. The injured worker is status post trigger release, tenosynovectomy, and proximal interphalangeal (PIP) joint cortisone injection in the left index finger and a history of bilateral carpal tunnel syndrome symptoms and bilateral carpal tunnel release in May 2013. The progress note stated recent x-rays demonstrated very minimal joint space narrowing with minimal subluxation and no other arthritic changes. Physical examination shows evidence of some tenderness in the thenar area with mild discomfort into the index finger with attempt at subluxation. No instability noted. The request for left upper extremity bone scan was denied in prior UR review dated 08/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left upper extremity (LUE) Bone scan:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Section

**Decision rationale:** The requested left upper extremity nuclear bone scan is not recommended according to Official Disability Guidelines regarding complex regional pain syndrome (CRPS): "Triple-phase bone scans (three- phase bone scintigraphy or TPBS): Recommended for select patients in early stages to help in confirmation of the diagnosis. Routine use is not recommended." The injury occurred in 2008. This is not considered within early stages of diagnosis. Medical necessity has not been established.