

<b>Case Number:</b>	CM14-0147543		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 40 year old male with an injury date of 04/12/13. Based on 06/12/14 progress report provided by [REDACTED] the patient has pain at left wrist, base of thumb and left elbow. Physical examination shows that elbow, wrist and thumb have normal ranges of motion bilaterally. After being diagnosed with de Quervain's stenosing tenosynovitis and tendonitis, patient received 2 injections about the wrist and one in the elbow. He had a significant swelling reaction after injection in the left elbow. Treater report dated 07/24/14 states "proceeding with a bone scan to rule out occult osseous or joint problem of elbow and left wrist." Per 03/24/14 progress report by [REDACTED], MRI of left wrist dated 07/12/13 shows "no ganglion cyst of the left wrist, no mass and a few nonspecific carpal erosions present." Per treater report dated 07/24/14, EMG/NCS shows evidence of bilateral carpal tunnel syndrome and mild ulnar neuropathy on left elbow. Diagnosis 07/24/14- carpal tunnel syndrome left- ulnar neuropathy left elbow- wrist pain, rule out osseous problem with early arthritis- epicondylitis left elbow- possible deQuervain's syndrome left thumb [REDACTED] is requesting Bilateral upper extremity bone scan to rule out osseous abnormality. The utilization review determination being challenged is dated 08/12/14. The rationale is " No specific Complex Regional Pain Syndrome noted and per MTUS, no infection." [REDACTED] is the requesting provider, and he provided treatment reports from 03/24/14 - 07/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral upper extremity bone scan to rule out osseous abnormality: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-6.

**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 chapter: CRPS, diagnostic tests Recommend assessment of clinical findings as the most useful method of establishing the diagnosis. See CRPS, pathophysiology (clinical presentation & diagnostic criteria). Specific procedures are not generally recommended, except as indicated below. A gold standard for diagnosis of CRPS has not been established and no test has been proven to diagnose this condition. Assessment of

**Decision rationale:** The patient has pain at left wrist, base of thumb and left elbow. The request is for Bilateral upper extremity bone scan to rule out osseous abnormality. Patient's diagnosis included left carpal tunnel syndrome, epicondylitis of left elbow, ulnar neuropathy, possible deQuervain's syndrome left thumb and wrist pain. ODG guidelines has the following regarding bone scan for Chronic Regional Pain Syndrome: The sensitivity of the test is less than its specificity and the former declines with increasing duration of CRPS. Suggestion has been made that TPBS it is most useful in the early duration after diagnosis (4-6 months). 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." Treater requests to proceed with a bone scan to rule out osseous abnormality like occult osseous or joint problem of elbow and left wrist per progress report dated 07/24/14. Per ODG, the sensitivity of the test is less than its specificity and the former declines with increasing duration of Chronic Regional Pain Syndrome. Review of reports show that the treater is not concerned about CRPS but some osseous abnormality. Bonescans are quite sensitive for any metabolic abnormalities of the bone, and recommendation is for authorization.