

Case Number:	CM14-0161899		
Date Assigned:	10/07/2014	Date of Injury:	08/26/2010
Decision Date:	12/24/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/02/2014

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 Family Medicine, 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:

Injured worker was a 56-year old female whom experienced an industrial related injury on 08/26/10 due to cumulative trauma. Her surgical history included hand surgery performed in 1990. Medical records noted she had tried other therapies included soaking her hands in hot water. She reported 08/11/14 bilateral hands and elbows pain associated with burning, cramping, numbness, shooting, dull/throbbing, and aching pain. She reported the pain was constant and stated the only thing she tried which helped the pain was to submerge her hands in hot water. Upon physical examination dated 09/26/14, showed her grip strength at the first test of the left hand was at 40 pounds of force, second test on the left hand was 38 pounds of force, and the third test in the left hand was 38 pounds of force. The average for the left hand was noted to be 38.66667 pounds of force. The first test in the right hand showed 20 pounds of force, second test showed 20 pounds of force, and third test showed 18 pounds of force. The average for the right hand was noted as 19.33333 pounds of force. Diagnosis was carpal tunnel syndrome. Recommended treatment was for a nuclear medicine whole body bone scan to rule out a diagnosis of Chronic Regional Pain Syndrome (CRPS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuclear medicine whole body bone scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Treatment Index, 11th Edition (web), 2014, Pain, CRPS (Complex Regional Pain Syndrome)
Diagnostic Tests

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 178-182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), CRPS, diagnostic tests - whole body bone scan; per ODG website

Decision rationale: Bone scanning is a good diagnostic test for specific situations, including evaluations of suspected metastases, infected bone (osteomyelitis), inflammatory arthropathies, and trauma (fractures). Bone scanning is minimally invasive, has no adverse effects, but is costly. The patient had elbow and hand pain and diagnosis was carpal tunnel syndrome and the providers rationale for request was for a nuclear medicine whole body bone scan to rule out a diagnosis of Chronic Regional Pain Syndrome (CRPS). The request is not reasonable as it is unclear why the provider would want to rule out CRPS with whole body scan in a claimant with elbow and hand pain. Additionally whole body scan is not standard of care for diagnosis of this condition and bone scanning is only recommended for certain specific situations such as metastases, infected bone (osteomyelitis), inflammatory arthropathies, and trauma (fractures) and claimant has no documented suspicion for any of these possible diagnoses. Therefore, this request is not medically necessary.