

Case Number:	CM14-0143788		
Date Assigned:	09/12/2014	Date of Injury:	01/02/2013
Decision Date:	01/27/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/05/2014

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 Emergency 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:

The injured worker is a 48 year-old female, who sustained an injury on January 2, 2013. The mechanism of injury occurred from a fall. Diagnostics have included: July 9, 2014 EMG/NCV reported as showing normal findings. Treatments have included: knee brace, medications. The current diagnoses are: bilateral knee degenerative disease, low back strain, right shoulder complaints. The stated purpose of the request for a bone scan except for the right knee was not noted. The request for a bone scan except for the right knee was denied on August 19, 2014, citing a lack of documentation of findings consistent with CRPS. Per a QME report dated July 9, 2014, the provider noted complaints of pain to the knee, low back and right shoulder. Exam showed full but painful right shoulder ROM, lumbar tenderness, bilateral hip pain with ROM, normal neurologic findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan whole body except the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional pain Syndrome (CRPS) Page(s): 36.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Bone Scan.

Decision rationale: The request for a bone scan except for the right knee is not medically necessary. CA MTUS is silent and ODG, Neck and Upper Back (Acute & Chronic), Bone Scan, note that bone scans are "Not recommended except as an option in follow-up evaluation of osseous metastases." The injured worker has pain to the knee, low back and right shoulder. The treating physician has documented full but painful right shoulder ROM, lumbar tenderness, bilateral hip pain with ROM, normal neurologic findings. The treating physician has not documented indications of osseous metastatic disease. The criteria noted above not having been met, a bone scan except for the right knee is not medically necessary.