

Case Number:	CM14-0211161		
Date Assigned:	12/24/2014	Date of Injury:	07/26/2007
Decision Date:	02/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 65 year old male with an injury date of 07/26/07. Based on the 10/28/14 progress report provided by treating physician, the patient complains of constant right wrist pain rated 10/10. Patient is wearing a right wrist brace. Per provider's report dated 06/05/14, patient is status post resection of the distal ulna, soft tissue arthroplasty of the distal radial ulnar joint, stabilization of distal radial ulnar joint with tenodesis, harvesting of flexor carpi radialis tendon graft and wrist denervation procedure with resection of the anterior and posterior interosseous nerves 05/28/14. Physical examination on 10/28/14 revealed diffuse hypersensitivity. Patient has received 2 cortisone injections. Patient's medications include Percocet, Lyrica, and Butrans patch. Patient's right wrist pain has worsened since surgery and has now become unbearable with pain related anxiety. Per progress report dated 06/20/14, "Kirshner pin extracted under sterile conditions and long-arm splint converted to a short arm bivalve case. Patient is not working. MRI of the Right Wrist, 10/21/14 - examination is severely limited by metallic artifact which largely obscures the radiocarpal and distal radioulnar joints and distorts the proximal carpal bones. - status post distal ulna resection with probable synovitis - macerated appearing extensor carpi ulnaris tendon at the level of the distal ulna. Diagnosis 10/28/14 - enthesopathy wrist/carpus: worse - chronic pain syndrome: worse - osteoarthritis, forearm: worse. The utilization review determination being challenged is dated 12/11/14. The rationale is "A bone scan was certified on 10/31/14. The request is non-certified pending receipt of the bone scan results." Treatment reports were provided from 06/04/14 - 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Indium III WBC Scan: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology, WBC scans

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.guideline.gov>.

Decision rationale: The patient is s/p distal ulna resection with probable synovitis 05/28/14, and presents with constant right wrist pain rated 10/10. The request is for Indium III WBC SCAN. Physical examination on 10/28/14 revealed diffuse hypersensitivity. Patient has received 2 cortisone injections. Patient's medications include Percocet, Lyrica, and Butrans patch. Per progress report dated 06/20/14, "Kirshner pin extracted under sterile conditions and long-arm splint converted to a short arm bivalve case. Patient is not working. MTUS and ODG are silent regarding the request for Indium WBC. Therefore alternate guidelines were utilized. <http://www.guideline.gov> states: "ACR Appropriateness Criteria imaging after total knee arthroplasty. - Disease/Condition(s): Complications after total knee arthroplasty (TKA), including infection, component loosening, and component wear - Interventions and Practices Considered, Nuclear medicine: Technetium (Tc)-99m bone scan, knee Gallium (Ga)-67 scan, knee Indium (In)-111-labeled white blood cell (WBC) and sulfur colloid scan, knee" UR letter dated 12/11/14 states "A bone scan was certified on 10/31/14... The request is non-certified pending receipt of the bone scan results." Based on ACR criteria, Indium 111 is considered in postoperative complications including infection, component loosening, and component wear. MRI of the Right Wrist on 10/21/14 revealed that the "examination is severely limited by metallic artifact which largely obscures the radiocarpal and distal radioulnar joints and distorts the proximal carpal bones." Per provider's report dated 10/28/14, patient's right wrist pain has worsened since surgery and has now become unbearable with pain related anxiety. Provider has not provided reason for the request. However, it appears there were postoperative complications involved, which would be indicated by ACR criteria. Therefore, the request is medically necessary.