

<b>Case Number:</b>	CM14-0212609		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	04/14/2013
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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, Florida, Texas  
 Certification(s)/Specialty: Internal Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 30-year-old male with a 4/14/13 date of injury. At the time (12/5/14) of the Decision for 3 Phase bone scan right upper extremity, there is documentation of subjective (right wrist pain with stiffness) and objective (diffuse tenderness of the right hand/wrist) findings, current diagnoses (right upper extremity complex regional pain syndrome), and treatment to date (medications). Medical reports identify a plan for 3 stellate ganglion blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3 Phase Bone Scan Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, CRPS, diagnostic tests, imaging studies

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, CRPS, diagnostic tests.

**Decision rationale:** MTUS reference to ACOEM identified that a bone scan may diagnose a suspected scaphoid fracture. ODG identifies documentation of early stages of CRPS, as additional criteria necessary for the medical necessity of a three phase bone scan. Within the medical information available for review, there is documentation of a diagnosis of right upper extremity complex regional pain syndrome. However, given documentation of a diagnosis of CRPS and a treatment plan including 3 stellate ganglion blocks for the treatment of the cited condition, there is no documentation of the indication for a bone scan to aid in the diagnoses of CRPS, which has been established. Therefore, based on guidelines and a review of the evidence, the request for 3 Phase Bone Scan Right Upper Extremity is not medically necessary.