

Case Number:	CM15-0014777		
Date Assigned:	02/03/2015	Date of Injury:	09/03/2013
Decision Date:	03/24/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/27/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 40 year old male, who sustained an industrial injury on 09/03/2013. The diagnoses have included chronic fracture to the left distal radius, crush injury in the left wrist/hand, chronic left carpal tunnel syndrome, chronic left rotator cuff tendinitis and impingement syndrome, chronic left elbow triceps straining injury/contusion, and chronic post traumatic degenerative joint disease left wrist. Treatments to date have included physical therapy and medications. Diagnostics to date have included MRI of the left wrist dated 01/15/2014 which showed subchondral cyst formation within the scaphoid lunate, triquetrum, and capitate and nonunion fracture of medial tip of the radius. In a progress note dated 12/29/2014, the injured worker presented with complaints of left wrist symptoms. The treating physician reported the injured worker is awaiting authorization for left wrist surgery, as he remains symptomatic. Utilization Review determination on 01/16/2015 non-certified the request for Bone Scan of Left Wrist and Laboratory evaluations- CBC (Complete Blood Count), Basic Metabolic Panel, Urinalysis, and Liver Function citing American College of Occupational and Environmental Medicine and Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bone scan of left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253 - 279.

Decision rationale: The patient had a MRI and has been authorized for surgery for the non-union fracture of medial tip of the radius and bone cyst. There for the request for a bone scan is not medically necessary and appropriate.

CBC, basic metabolic panel, urinalysis and liver function: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition, 2011.

Decision rationale: The patient is 40 years old and there is no documented serious medical condition that requires this type of extensive screening. The problems are orthopedic, there for this request is not medically necessary and appropriate.