

<b>Case Number:</b>	CM15-0171550		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	11/30/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old female, who sustained an industrial-work injury on 11-30-14. She reported initial complaints of right hand pain with fall. The injured worker was diagnosed as having carpal tunnel syndrome and rule out in carpal ligamentous injury of the occult triangular fibrocartilage complex. Treatment to date has included medication, physical therapy (last visit in 6-2015), thumb support, and diagnostics. X-rays were reported to reveal no fracture or dislocation or disassociation of the carpi or other pathology. Currently, the injured worker complains of constant sharp pain in the right wrist and increases with use. Per the primary physician's progress report (PR-2) on 7-27-15, exam noted range of motion was normal, tenderness to palpation across the dorsum of the wrist equally radial and ulnar sides. Current plan of care includes trial with night splinting and bone scan. The Request for Authorization date was 7-27-15 and requested service included Bone Scan of the right wrist. The Utilization Review on 8-5-15 denied the request since it does not meet medical necessity guidelines for need of this specific testing (circulator pattern in the carpi was normal verses testing to determine diagnosis of scaffold fracture within a specific time frame), per CA MTUS (California Medical Treatment Utilization Schedule).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone scan of the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination, non-healing fracture, suspected malignancy, severe arthritis, probable CRPS, and infection are sufficient evidence to warrant imaging bone scan studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the scan with exam findings only indicating tenderness without instability or neurological deficits. X-rays were without acute fracture or red-flag conditions. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Bone scan of the right wrist is not medically necessary and appropriate.