

Case Number:	CM15-0079557		
Date Assigned:	04/30/2015	Date of Injury:	12/24/2013
Decision Date:	05/29/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/25/2015

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: Emergency 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:

This 56 year old man sustained an industrial injury on 12/24/2013. The mechanism of injury is not detailed. Evaluations include undated right hand x-rays and electromyogram. Diagnoses include De Quervain's disease, right wrist pain, right hand arthritis, grade 2 carpometacarpal arthritis/synovitis, and right carpal tunnel syndrome. Treatment has included oral medications, splinting, therapy and injection to the wrist. Physician notes dated 3/24/2015 show complaints of right hand pain rated 6-7/10 and weakness affecting his ability to grip and grasp. Recommendations include bone scan imaging of the right wrist and hand, bracing, and possible injections pending the results of the bone scan imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan imaging of the right hand: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1001955/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), Imaging.

Decision rationale: The requested Bone scan imaging of the right hand, is medically necessary. CA MTUS is silent. Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), Imaging, recommend such studies with documented red flag conditions. The injured worker has right hand pain rated 6-7/10 and weakness affecting his ability to grip and grasp. The treating physician has documented positive Finkelsteinb and Grind test as well as tenderness with swelling at the first dorsal compartment and thumb MC joint. The criteria noted above having been met, Bone scan imaging of the right hand is medically necessary.