

<b>Case Number:</b>	CM14-0144664		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/25/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2014

### 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, Hawaii  
 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:

This 65 year old female sustained an industrial injury on 5-25-13. The injured worker is being treated for pain in bilateral wrist of unknown cause. Treatments to date include MRI testing and an unspecified amount of physical therapy. The injured worker has been taking Relafen medication. The injured worker has continued complaints of bilateral wrist pain. An MRI dated 1-31-15 revealed a small cyst or ganglion on the left wrist as well as a cyst at the volar aspect of the left radial styloid. The pain has affected the injured worker's activity level. The injured worker has remained off work. Upon examination of the bilateral wrists, there was weakness and pain noted. A request for 1 Three Phase Bone Scan Right Wrist as Outpatient was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Three Phase Bone Scan Right Wrist as Outpatient: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation American College of Radiology Appropriateness Criteria, Chronic Wrist Pain.

**Decision rationale:** The patient presents with bilateral wrist pain. The current request is for 1 three phase bone scan right wrist as outpatient. The treating physician's report dated 08/04/2014 (18) states, "No findings to explain severity of symptoms, would now suggest a 2 phase bone scan." The ACOEM Guidelines Chapter 11 on Forearm, Wrist and Hand Complaints states, "In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. A bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity, even if obtained within 48 to 72 hours following the injury." The American College of Radiology Appropriateness Criteria on Chronic Wrist Pain states that bone scintigraphy has been used for diagnosing occult wrist fractures and also as a screening procedure in patients with wrist pain and negative radiographs. However, while it is sensitive to bone abnormalities, scintigraphy suffers from a lack of specificity. The records note an MRI on 01/03/2014 (35) which showed normal findings. In this case, the physician is concerned that a subtle fracture may have been missed in her last MRI. It is medically appropriate to order a highly sensitive test to determine the cause of her severe chronic wrist pain. The current request is medically necessary.