

Case Number:	CM17-0006838		
Date Assigned:	01/13/2017	Date of Injury:	11/16/2016
Decision Date:	02/08/2017	UR Denial Date:	01/03/2017
Priority:	Standard	Application Received:	01/10/2017

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 Jersey

Certification(s)/Specialty: Family Practice

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 38 year old male with an industrial injury date of 11-16-2016. Medical record review indicates the injured worker is being treated for left foot pain and rule out complex regional pain syndrome. The injured worker presented on 12-07-2016 with complaints of left foot pain and lower extremities pain. There was pain with weight bearing on left foot. There was pain on medial aspect of right knee and burning sensation at left leg. Work status was regular work on 01-05-2017. Current medications are not indicated in the treatment note. Objective findings noted left knee tenderness at patella tendon. There was slight swelling on the left foot with redness and discoloration compared to right foot. Left foot was hypersensitive to touch. There was tenderness at the calf. On 01-03-2017 the request for three phase bone scan to the left foot was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three phase bone scan to the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies, and Chronic Pain Medical Treatment 2016, Section(s): CRPS, diagnostic tests. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot section, Bone scan (imaging).

Decision rationale: The MTUS/ACOEM Guidelines state that bones scans may be considered (or plain x-ray) if a stress fracture of the foot or ankle is suspected but further criteria and indications were not available. The MTUS Guidelines also state that triple-phase bone scans (three-phase bone scintigraphy or TPBS) is recommended for select patients in early stages to help in confirmation of the diagnosis of complex regional pain syndrome (CRPS). Routine use is not recommended. A positive test is not necessarily concordant with the presence or absence of CRPS I and the diagnostic value of a positive test for CRPS is considered low from the view point of the Budapest research criteria versus previously used criteria that were less restrictive. The sensitivity of the test is less than its specificity and the former declines with increasing duration of CRPS. Suggestion has been made that TPBS it is most useful in the early duration after diagnosis (4-6 months). The ODG does, however, state that bone scans are recommended for the following indications: 1. Tumor, 2. Stress fractures not seen on x-ray, 3. Infection such as osteomyelitis, and 4. Complex regional pain syndrome/Reflex sympathetic dystrophy if plain films are not diagnostic. In the case of this worker, the requesting physician was interested in "ruling out" CRPS by getting a bone scan. However, there was insufficient support made in the recent documentation for diagnosing CRPS of the left ankle/foot area altogether to warrant this type of imaging. Bone scans has low specificity and sensitivity for diagnosing CRPS, and as the worker is not exhibiting enough characteristic signs and symptoms of CRPS, this request will be considered not medically necessary.