

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 1, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Three phase bone scan (78315)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation. The reviewer has been in active practice for twenty-three years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overtuned (Disagree)

Medical documentation supports the medical necessity of the three phase bone scan

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Utilization reviews (02/07/08 – 02/20/08)

M.D.

- Office notes (01/28/08 - 02/25/08)
- Diagnostics (11/04/07 – 01/18/08)

Health Care

- Office visits (01/28/08 – 02/25/08)
- Utilization reviews (02/07/08 – 02/20/08)

ODG Guidelines have been utilized for determination.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old right-hand-dominant female who was injured on xx/xx/xx. She was turning a nursing home resident in bed when she felt a sudden popping sensation in her left wrist.

D.C., ordered a magnetic resonance imaging (MRI) of the left wrist to rule out navicular fracture. The MRI was unremarkable. M.D., noted complaints of constant numbness, tingling and burning in the left thumb (first and second digits). The pain radiated up to the left lateral elbow. Dr. performed electromyography/nerve conduction velocity (EMG/NCV) study which revealed moderate left carpal tunnel syndrome (CTS). M.D., noted the patient had been taking Celebrex and had attended two to three months of physical therapy (PT). She was using a cock-up splint. On examination, there was tenderness over the dorsum of the wrist, positive Tinel's over the carpal tunnel, and positive Phalen's test. X-rays were unremarkable. Dr. assessed left CTS and possible left wrist arthropathy. He felt that due to the tenderness and discomfort over the dorsum of the left wrist, a bone scan would be reasonable prior to consideration of treatment of the carpal tunnel. After the result of the bone scan, he would consider steroid injection versus arthroscopic or endoscopic carpal tunnel release (CTR).

On February 7, 2008, the request for the bone scan was denied with the following rationale: *Records indicate a CTR is being considered but additional imaging is being recommended before proceeding. This patient already underwent a left wrist MRI which did not apparently demonstrate significant pathology. Medical necessity, appropriateness, and clinical utility of additional imaging with a triple-phase bone scan are not adequately defined by documented information. There was not a timely opportunity to discuss this case with the requesting provider personally to obtain additional information. Based on clinical information submitted for this review and using evidence-based peer-reviewed guidelines referenced above, the request for a three-phase bone scan is not certified.*

On February 20, 2008, a request for reconsideration of a bone scan was denied with the following rationale: *Triple-phase bone scan of the left wrist does not appear to be appropriate and necessary. The claimant is a xx-year-old female who has been under the care of a chiropractor and on xx/xx/xx, was pushing a very heavy patient and felt a pop in the palmar aspect of the left wrist. She has been treated thus far with anti-inflammatories, Celebrex, two to three months of PT, and a cock-up wrist splint. However, she complains of night pain with evidence of clinically suggestive CTS with median nerve compression test, positive Phalen's and Tinel's signs of the carpal tunnel. There is no localized evidence of motor loss. Radiographs were performed and EMG/NCV study was documented on January 18, 2008, revealing moderate CTS. A November 4, 2007, MRI of the left wrist was interpreted as a negative study. It is unclear to me what benefit a triple-phase bone scan would give within the clinical scenario and decision making for this claimant based on the medical records available for my review. There is nothing in the records to suggest tumor, infection, or an*

occult bony injury. As a result, I do not think this is medically necessary and reasonable.

On February 25, 2008, Dr. injected the left carpal tunnel, prescribed Vicodin, and asked her to follow up in four weeks.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. THE FOLLOWING IS RATIONAL FOR A TRIPLE PHASE BONE SCAN: Bone scan visualizes a great deal of pathology long before roentgenographic changes are evident. MDP is absorbed by and subsequently bound to bone matrix. The maximum incorporation occurs during osteoblastic activity. In general, any process that results in increased osteogenic activity or increased localized osseous blood perfusion will be detected. Soft tissue processes can be differentiated from bone pathology by utilizing the triple phase technique. The triple phase bone scan includes an angiogram, blood pool images and 3 hour delayed images. For a regular bone scan only 3 hour delayed images are obtained. The indications for a triple phase bone scan include differentiating soft tissue abnormality from bony pathology (osteomyelitis vs. cellulitis), stress fractures, evaluating patients with RSD, assessing approximate age of fractures, and it may be occasionally helpful in determining benign from malignant lesions.

RATIONALE: This patient has no evidence of RSD, osteomyelitis or malignant lesions. However, the mechanism of injury could have caused a stress fracture, which possibly would not be seen with MRI or plain radiographs. Given the location of pain, which would not be related to CTS and the mechanism of injury the triple phase bone scan is reasonable.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
UNIVERSITY OF ILLINOIS NUCLEAR MEDICINE STUDY**