

<b>Case Number:</b>	CM13-0050188		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 42-year-old female with a 12/8/10 date of injury. At the time (10/4/13) of request for authorization for ultrasound of left wrist, there is documentation of subjective (left thumb and left wrist pain, swelling of the left arm, numbness and tingling in the left hand, painful gripping/grasping, and painful ganglion like cyst at the base of the left hand) and objective (positive Tinel's sign over the left wrist, positive Phalen's test, decreased hand grip, tender left thumb, positive Finkelstein's test, and a palpable tender ganglion like cyst that is on the thenar side of the palm) findings, current diagnoses (ulnar neuropathy and carpal tunnel syndrome), and treatment to date (acupuncture treatment and medications). Medical report identifies a request for diagnostic ultrasound of the left wrist. There is no documentation of tendon injuries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ULTRASOUND OF LEFT WRIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Forearm, Wrist, & Hand (updated 05/08/13)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**Decision rationale:** MTUS does not address the issue. ODG identifies documentation of tendon injuries, as criteria necessary to support the medical necessity of ultrasound of left wrist. Within the medical information available for review, there is documentation of diagnoses of ulnar neuropathy and carpal tunnel syndrome. However, despite documentation of subjective (left thumb and left wrist pain, swelling of the left arm, numbness and tingling in the left hand, painful gripping/grasping, and painful ganglion like cyst at the base of the left hand) and objective (positive Tinel's sign over the left wrist, positive Phalen's test, decreased hand grip, tender left thumb, positive Finkelstein's test, and a palpable tender ganglion like cyst that is on the thenar side of the palm) findings, there is no documentation of tendon injuries. Therefore, based on guidelines and a review of the evidence, the request for ultrasound of left wrist is not medically necessary.