

<b>Case Number:</b>	CM13-0055567		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/24/2009
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 physician 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:

The patient is a 30-year-old who was injured on April 24, 2009. The patient continued to experience left wrist and elbow pain. Diagnoses included left cubital tunnel syndrome, left thumb tenosynovitis, and trigger finger. Physical examination showed tenderness at the ulnar aspect of the left wrist. Request for authorization for diagnostic ultrasound to the left wrist to rule out TFCC (triangular fibrocartilage complex) tear was submitted on October 18, 2011.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An ultrasound of the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Ultrasound Section, as well as Firestein: Kelley's Textbook of Rheumatology, 9th edition, Chapter 50 - Hand and Wrist Pain.

**Decision rationale:** The triangular fibrocartilage complex (TFCC), comprises the articular disk itself and the immediately surrounding ulnocarpal ligaments. It can be injured by a variety of acute and chronic mechanisms. Hyperpronation and hypersupination of the carpus during

forceful activities are the usual causes of acute injuries, whereas repetitive pronation and supination more often cause attritional changes in the TFCC. Ancillary studies for TFCC tears include three-compartmental arthrography and MRI. Ultrasound of the wrist is accurate in detecting tendon injuries. The ulnar nerve is also easily visualized. The indication in this case was to rule out TFCC tear. The request for an ultrasound of the left wrist is not medically necessary or appropriate.