

Case Number:	CM14-0104347		
Date Assigned:	07/30/2014	Date of Injury:	04/29/2013
Decision Date:	09/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 39 year old female was reportedly injured on April 29, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated July 8, 2014, indicates that there are ongoing complaints of right elbow pain, neck pain, right shoulder pain, and right wrist pain. The physical examination demonstrated tenderness over the cervical spine paraspinal muscles with guarding noted; examination of right elbow noted tenderness at the medial and lateral aspect, positive Tinel's test with decreased sensation at the ulnar nerve distribution; right wrist noted tenderness of the flexor, extensor tendons, and a negative Tinel's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes acupuncture, a wrist brace, and physical therapy. A request was made for an ultrasound of the right wrist and was not certified in the preauthorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand, Ultrasound (diagnostic).

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, Hand, Ultrasound, Diagnostic, Updated August 8, 2014.

Decision rationale: The Official Disability Guidelines does recommend a diagnostic ultrasound for detecting tendon injuries. However according to the progress note dated July 8, 2014, although there is decrease right wrist range of motion, the injured employee does have the ability to flex and extend the right wrist. Considering this, the request for an ultrasound of the right wrist is not medically necessary.