

Case Number:	CM14-0118203		
Date Assigned:	08/06/2014	Date of Injury:	05/09/2013
Decision Date:	09/16/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 injured worker is a 58 year old female who sustained an injury to her right upper extremity on 05/09/13 due to cumulative trauma while performing her usual and customary duties as a police officer. Electromyogram/nerve conduction study of the right upper extremity and paracervical muscles dated 03/06/14 revealed no electrical evidence of cervical radiculopathy or brachial plexopathy in the right upper extremity or paracervical musculature. The injured worker continued to complain of chronic right upper extremity pain from the right hand, wrist, arm up to the shoulder for about the past six years and diabetes mellitus for about the past eight years. Morbidity: 5'5", 214 pounds. Physical examination of the right upper extremity noted 3+ tenderness over the right thumb extensor tendons and first dorsal compartments; Finklestein test markedly positive resulting in jump sign; grind test negative; decreased grip and pain strength of the right hand. The injured worker was diagnosed with right deQuervain's tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Diagnostic Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ultrasound Diagnostic: Ultrasound (US) has Been Shown to be Helpful for Diagnosis of Complete and Partial Tears of the Distal Biceps Tendon, Providing an Alternative to MRI. (ACR, 2001) (Wiesler, 2006) See Also ACR Appropriateness Criteria (Levin, 2005).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, Ultrasound, diagnostic.

Decision rationale: Additionally, there were no clinical findings indicating possible tearing at the epicondyles; therefore, based on the fact that diagnostic ultrasound has low specificity for the detection of epicondylitis the prospective request was not deemed as medically appropriate. Official Disability Guidelines state that ultrasound should not substitute for other recommended diagnostic procedures, since electrodiagnostic testing will be positive in well over 90% of carpal tunnel syndrome cases, perhaps higher if provocative techniques are used, and for unclear cases, injection can help clarify the diagnosis. Given that the previous Electromyogram/nerve conduction study were essentially unremarkable, the prospective request for one right elbow diagnostic ultrasound is not indicated as medically necessary.

Right Carpal Tunnel Injection Under Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome chapter, Injections.

Decision rationale: Without any lasting, measurable functional improvement made by the injured worker from the previous injection, an additional injection is not warranted. Official Disability Guidelines state that a single injection is recommended as an option in conservative treatment and that carpal tunnel syndrome may be treated initially with a night splint and medications before injection is considered, except in the case of severe carpal tunnel syndrome; thenar muscle atrophy, and constant paresthesia in the median enervated digits. Symptomatic relief from cortisone/anesthetic injection will facilitate the diagnosis; however, the benefit from these injections although good is short lived. Given this, the retrospective request for one right carpal tunnel injection under ultrasound guidance is not indicated as medically necessary.