

Case Number:	CM14-0120900		
Date Assigned:	08/06/2014	Date of Injury:	12/09/2009
Decision Date:	09/15/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/31/2014

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 Emergency 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:

The injured worker is a 66 year-old female who sustained an injury on 12/09/2009. The mechanism of injury is undisclosed. The injured worker was followed for multiple complaints including headaches that occurred on average five to six days per week and complaints of pain in the lumbar spine. It appeared the injured worker previously underwent left shoulder arthroscopy with Mumford procedure in 2013. The injured worker also had prior left had prior knee arthroscopy. Medications included the use of Neurontin for neuropathic pain. The injured worker also utilized Lidoderm patch. As of 05/29/2014 the injured worker had continuing complaints of low back pain with tenderness to palpation over the lumbar paraspinal musculature, straight leg raise and Kemp sign were both positive and there was decreased sensation in the right lower extremity at unspecified dermatomal distribution, reflexes were 2 plus and symmetric in the lower extremities. The injured worker was recommended to continue with home stimulation and home exercise program. Lidoderm and Neurontin were continued at this visit. The requested ultrasounds of bilateral wrists were denied by utilization review on 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound, bilateral wrists, in conjunction with upper extremity: 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, Diagnostic.

Decision rationale: In review of the clinical documentation submitted for review the proposed ultrasound of the bilateral wrists would not be supported as medically necessary. Clinical documentation submitted for review did not identify any specific rationale for the use of ultrasound for bilateral wrists. There were no in depth evaluation of bilateral wrists and any physical examination findings concerning for possible internal derangement in the bilateral wrists such as tendon rupture or ligament tears. Without given the paucity of clinical information regarding bilateral wrist complaints this request is not medically appropriate.