

Case Number:	CM14-0050750		
Date Assigned:	06/25/2014	Date of Injury:	08/03/2011
Decision Date:	07/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/26/2014

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 Illinois 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 61-year-old female with a reported injury on 08/03/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/27/2014 reported that the injured worker complained of constant, moderate right wrist pain. The physical examination of the injured worker's right wrist demonstrated a decreased range of motion with flexion to 55 degrees and extension to 49 degrees. The injured worker's diagnoses included status post right shoulder scope on 12/19/2012; status post right shoulder revision decompression on 06/19/2013; and stress with anxiety. The clinical note is handwritten and nearly illegible. The injured worker's prescribed medication list included Tylenol No. 3 and Voltaren XR. The provider requested an ultrasound of the right wrist due to decreased range of motion, swelling, persistent numbness and tingling onto the right medial nerve distribution and a loss of motion. The request for authorization was submitted on 03/13/2014. The injured worker's prior treatments included physical therapy; however, the date and amount of sessions of physical therapy were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the right wrist, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wrist and Hand Chapter, Carpal Tunnel Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): pp. 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Ultrasound (diagnostic) & Ultrasound (therapeutic).

Decision rationale: The request for an ultrasound of the right wrist, quantity 1, is not medically necessary. The injured worker complained of wrist pain. The treating physician's rationale for an ultrasound of the right wrist was due to decreased range of motion, swelling, persistent numbness/tingling onto the right medial nerve distribution, along with loss of motion. The California MTUS/ACOEM Guidelines recognize that limited studies suggest there are satisfying short- to medium-term effects due to ultrasound treatment in patients with mild to moderate idiopathic CTS, but the effect is not curative. The Official Disability Guidelines recommend diagnostic ultrasonography as a dynamic process and is accurate in detecting tendon injuries. The ulnar nerve is also easily visualized. The guidelines do not recommend therapeutic ultrasounds. In a Cochrane Database review, there was only weak evidence of a short-term benefit of therapeutic ultrasound for distal radial fractures. For arthritic hands, there is no significant benefit from therapeutic ultrasound for all the outcomes measured after 1, 2 or 3 week(s) of treatment. There not enough clinical information indicating the ultrasound would be diagnostic or therapeutic to the right wrist. It is reported that the injured worker described a history of sustaining orthopedic injuries to her hips, feet, shoulders, and hands over several years of working. Given the information provided, there is not enough evidence to determine appropriateness to warrant medical necessity. Therefore, the request is not medically necessary.