

<b>Case Number:</b>	CM14-0076085		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 New York. 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 patient is a 38 year old female who was injured on 07/17/2013. The mechanism of injury is unknown. Prior treatment history has included NSAIDS and bracing. Diagnostic studies reviewed include EMG/NCS of the upper extremities dated 1/12/2013 revealed right mild compression of the median nerve at the carpal tunnel by electrodiagnostic criteria. No evidence of active cervical radiculopathy. On note dated 01/29/2014, the patient complained of intermittent numbness to her index finger, long finger and ring finger. On exam, she has positive Tinel. Most recent progress report dated 02/04/2014 indicated the patient presented for an evaluation of bilateral wrists. Objective findings on exam revealed tenderness of the right and left wrist with normal range of motion. She is diagnosed with bilateral carpal tunnel syndrome. She is recommended for diagnostic ultrasound of bilateral elbows and wrists with plan of performing bilateral carpal tunnel releases, left before right. Prior utilization review dated 04/24/2014 states the request for Diagnostic ultrasound of the bilateral elbows and Diagnostic ultrasound of the bilateral wrists is denied as there is a lack of evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic ultrasound of the bilateral elbows:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 61-97.

**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, Diagnostic ultrasound of elbow.

**Decision rationale:** The ODG does not recommend the use of diagnostic ultrasound in the diagnosis of elbow pathologies, apart from in the evaluation of crush or compartment syndromes. Due to insufficient evidence, the request for a diagnostic ultrasound of the bilateral elbows is not indicated for this patient. In addition, the patient recently had a nerve conduction study which demonstrated mild carpal tunnel syndrome in the right wrist and no other evidence of entrapment neuropathy noted at any level in the bilateral upper extremities indicating that diagnostic ultrasound is not medically warranted.

**Diagnostic ultrasound of the bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 61-97.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Wrists, diagnostic ultrasound of wrist.

**Decision rationale:** Based on the ODG, the use of diagnostic ultrasound in the diagnosis of wrist pathologies, apart from in the evaluation of crush or compartment syndromes. Due to insufficient evidence, this request is not a medical necessity for this patient. Furthermore, the submitted documentation indicated that the patient had a nerve conduction study performed earlier which was consistent with mild right carpal tunnel syndrome, rendering further diagnostic testing unnecessary.