

Case Number:	CM14-0077321		
Date Assigned:	07/18/2014	Date of Injury:	03/10/2009
Decision Date:	08/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/27/2014

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 41-year-old male was reportedly injured on March 10, 2009. The mechanism of injury was noted as a laceration to the hand. The most recent progress note, dated February 14, 2013, indicated that there were ongoing complaints of left wrist pain. The physical examination was not presented. Diagnostic imaging studies objectified a carpal tunnel syndrome. Previous treatment included more than 20 sessions of physical therapy. A request had been made for ultrasound guided wrist injection and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Injection Ultrasound guided: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): (electronically cited).

Decision rationale: The MTUS does support injection therapy. However, there were no current clinical condition outlined or progress note to support the medical necessity of this injection. A review of the medical records did not indicate that ultrasound guidance was necessary to inject

the wrist. Therefore, based on the limited clinical information presented for review, the medical necessity of such an ultrasound guided injection has not been established.