

Case Number:	CM14-0079348		
Date Assigned:	07/18/2014	Date of Injury:	12/28/2012
Decision Date:	08/15/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/29/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of December 28, 2012. A utilization review determination dated April 24, 2014 recommends noncertification for ultrasound of the right wrist. Noncertification was recommended due to lack of documentation of conservative treatment, and no information establishing the medical necessity of the ultrasound. An electrodiagnostic report dated March 19, 2014 identifies abnormal findings with the right and left median nerve. A progress report dated May 16, 2014 identifies subjective complaints of numbness and tingling in the right 4th and 5th digits. Objective examination findings identify positive Tinel's, tenderness to palpation over the right carpal tunnel, tenderness to palpation over the medial and lateral epicondyle, and tenderness to palpation around the right shoulder. The diagnoses include status post right carpal tunnel release in March 2013 with mild CTS, rule out right RSD. The treatment plan recommends a diagnostic ultrasound of the right elbow and right wrist since the patient has positive findings of peripheral neuropathy with sharpshooting pain, numbness and tingling into the 1st and 5th digits of the right hand, studies needed to consider rule out inflammation of all net and median nerve to consider (illegible) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Forearm, Wrist, & Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Forearm, Wrist, and Hand Chapter, Ultrasound (Diagnostic).

Decision rationale: Regarding the request for ultrasound of the wrist, Occupational Medicine Practice Guidelines state that imaging studies may be indicated if the medical history and physical examination suggest specific disorders. ODG states that ultrasound is recommended to detect tendons to injuries or possibly ulnar nerve injuries. Within the documentation available for review, the requesting physician has indicated that he would like an ultrasound since the patient has positive findings of peripheral neuropathy. Electrodiagnostic studies would be preferred to identify peripheral neuropathy. The requesting physician has not commented why he feels the most recently performed electrodiagnostic studies are inadequate to address the patient's upper extremity complaints. Additionally, there is no recent physical examination identifying a thorough neurologic evaluation of the patient's upper extremities in hopes of differentiating radiculopathy, peripheral neuropathy, or a discrete peripheral nerve lesion such as ulnar neuropathy/median neuropathy. Finally, it is unclear what medical decision-making will be based upon the outcome of the currently requested ultrasound. In the absence of clarity regarding those issues, the currently requested ultrasound of the wrist is not medically necessary.