

Case Number:	CM14-0080429		
Date Assigned:	07/18/2014	Date of Injury:	12/03/2013
Decision Date:	09/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational 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 patient is a 48-year-old female who has submitted a claim for sprain of shoulder/arm associated with an industrial injury date of December 3, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of right shoulder, right wrist, and low back complaints with moderate and frequent pain that interferes with many activities of daily living. On examination of the wrist, there was moderate to markedly decreased active range of motion in all planes, tenderness of flexor and extensor compartments on the radial aspect, atrophy of the thenar region, and positive Tinel's sign, Phalen's test and Finkelstein's test. Examination of the ankle revealed moderate swelling around the Achilles tendon, and moderate to markedly decreased range of motion in all planes. Treatment to date has included medications, chiropractic and physical therapy sessions and TENS. Utilization review from May 5, 2014 denied the request for one ultrasound study of the right wrist because the guidelines only recommend diagnostic ultrasound in carpal tunnel syndrome if the diagnosis is difficult. The presentation of the patient is consistent with classic carpal tunnel syndrome. The request for 1 ultrasound study of the right ankle was also denied because the patient's presentation related to the ankle was not congruent with the recommended criteria for use of diagnostic ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ultrasound Study of the Right Wrist: 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) Carpal Tunnel Syndrome (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Ultrasound, diagnostic.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, the use of diagnostic ultrasound is only recommended as an additional option only in difficult cases. In this case, the patient presented with classic signs and symptoms of Carpal tunnel syndrome including wrist pain, tenderness on the radial aspect of the wrist, thenar atrophy, and positive Tinel's and Phalen's test. A diagnostic ultrasound is no longer needed to make a diagnosis of carpal tunnel syndrome when clinical manifestations are already consistent with such. Therefore, the request for 1 ultrasound study of the right wrist is not medically necessary.

1 Ultrasound Study of the Right Ankle: 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) Ankle and Foot (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot chapter, Ultrasound, diagnostic.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. According to ODG, ultrasound is recommended for chronic foot pain suspected of having tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis. In this case, the patient presented with moderate swelling around the Achilles tendon, and moderate to markedly decreased range of motion in all planes. Morton's neuroma is an enlargement or growth of the nerve of the foot causing pain in the ball of the foot while walking or standing. Tarsal tunnel syndrome and Plantar Fasciitis presents with tingling, pain and numbness in the sole of the foot. The patient's ankle presentation is not similar with any of these three indications for ultrasound. Therefore, the request for 1 ultrasound study of the right ankle is not medically necessary.