MAXIMUS Federal Services

Case Number:	CM14-0193360		
Date Assigned:	12/01/2014	Date of Injury:	11/01/2011
Decision Date:	01/15/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

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 of the date of injury of November 1, 2011. A utilization review determination dated November 11, 2014 recommends non-certification for an ultrasound of the right wrist and hand. A progress report dated October 28, 2014 identifies subjective complaints of pain in the right wrist that radiates to the fingers. The pain is increased with activity and the patient complains of numbness and tingling in the fingers. Objective examination findings revealed tenderness to the right lateral elbow, positive elbow flexion test on the right, tenderness over the right wrist flexion/extension creases, classic pattern of right carpal tunnel syndrome with Katz handed diagram, and diminished light touch in the right median and older nerve distribution. Diagnoses include right carpal tunnel syndrome, right cubital tunnel syndrome, and right lateral epicondylitis. The treatment plan recommends right carpal tunnel release. Additionally, an ultrasound of the right elbow, right hand, and right wrist are requested. An MRI is requested of the right elbow to rule out right lateral epicondylitis and right cubital tunnel syndrome. An electrodiagnostic study dated May 20, 2014 shows right carpal tunnel syndrome and cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the right hand and wrist: Upheld

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

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 tended to injuries or possibly ulnar nerve injuries. Within the documentation available for review, it is unclear what the requesting physician is hoping to find with the ultrasound. An electrodiagnostic study has already demonstrated carpal tunnel and cubital tunnel syndrome on the right side. Additionally, epicondylitis is generally diagnosed clinically without the need for special studies. Furthermore, it is unclear how medical decision-making will be changed based upon the outcome of the currently requested study. In the absence of clarity regarding his issues, the currently requested ultrasound of the right hand and wrist is not medically necessary.