

<b>Case Number:</b>	CM15-0163314		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/12/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old female sustained an industrial injury sustained an industrial injury to the wrist on 5-12-12. Previous treatment included multiple wrist surgeries including removal of symptomatic hardware. The injured worker developed complex regional pain syndrome in the left upper limb. In a progress note dated 7-29-15, the injured worker complained of pain to the left upper limb rated 4 out of 10 on the visual analog scale despite undergoing stellate ganglion blocks and left hand triangular fibrocartilage injection on 6-15-15. The injured worker reported some improvement in symptoms after the procedure including temperature, pain and non-discoloration of the left upper limb. The injured worker also complained of pain over the left thumb and in the left anterior shoulder. The injured worker stated the pain was very severe and that she was unable to return to work. Physical exam was remarkable for tenderness to palpation to the left wrist and shoulder, with restricted range of motion, positive Hawkin's sign, decreased sensation in the C6 distribution, mild discoloration to the left upper limb with slight cyanosis. The left upper limb was colder to touch than the right. Current diagnoses included recalcitrant complex regional pain syndrome, history of left triangular fibrocartilage complex, De Quervain's tenosynovitis, subscapularis tendinosis, chronic left shoulder pain, chronic left wrist pain and chronic pain. A left wrist ultrasound was obtained during the office visit that showed tendinosis of the first compartment, De Quervain's tenosynovitis and scar tissue overlying the third digit which seemed to be the source of the left hand contracture. The treatment plan included a repeat stellate ganglion block and follow up with pain management.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Diagnostic ultrasound of wrist date of service 7/29/2015:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the ultrasound. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Retro: Diagnostic ultrasound of wrist date of service 7/29/2015 is not medically necessary and appropriate.