

<b>Case Number:</b>	CM15-0163356		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/20/2015
<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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 52 year old female who sustained an industrial injury on 5-20-2013. She has reported left elbow pain, left wrist pain, and left hand pain and has been diagnosed with left elbow sprain strain, left carpal tunnel syndrome, left wrist internal derangement, and left hand tenosynovitis. Treatment has included paraffin wax, chiropractic care, medications, and physical therapy. There was tenderness to palpation of the anterior elbow, lateral elbow, medial elbow, and posterior elbow. There was muscle spasm of the dorsal forearm and volar forearm. There was tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist, and volar wrist. Tinel's was positive. Phalen's was positive. There was tenderness to palpation of the palmar aspect of the left hand. The treatment plan included compression glove, paraffin wax, medications, and physical therapy. The treatment request included TPII left hand, left wrist, and left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Impedance Imaging for the left hand, left wrist and left elbow:** 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), Low Back - Lumbar & Thoracic Chapter, Localized high intensity neurostimulation; Hyperstimulation analgesia.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Trigger point impedance.

**Decision rationale:** Pursuant to the Official Disability Guidelines, trigger point impedance imaging left hand, left wrist and left elbow is not medically necessary. Trigger point impedance imaging is not recommended until there are higher quality studies. See the official disability guidelines for details. In this case, the injured worker's working diagnoses are left elbow sprain strain; left carpal tunnel syndrome; left wrist internal derangement; and left hand tenosynovitis. Date of injury is May 20, 2013. Request authorization is June 10, 2015. According to a June 10, 2015 progress note, the injured worker complains of pain in the left elbow wrist and hand. Objectively, there is tenderness to palpation in the left elbow wrist and hand. Range of motion is otherwise full. Motor function is normal at 5/5 and there were no sensory deficits. The treatment plan does not contain a request or clinical discussion for trigger point impedance imaging. There is no clinical indication or rationale for trigger point impedance imaging. The request for authorization does not contain a clinical entry for trigger point impedance imaging. Additionally, the guidelines do not recommend trigger point impedance imaging. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation with a clinical indication or rationale for trigger point impedance imaging and no clinical entry in the request for authorization, trigger point impedance imaging left hand, left wrist and left elbow is not medically necessary.