

<b>Case Number:</b>	CM15-0188868		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	09/01/2005
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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:

The injured worker is a 65-year-old female, with a reported date of injury of 03-07-2014. The diagnoses include cervical facet syndrome, cervical radiculopathy, and bilateral carpal tunnel syndrome. Treatments and evaluation to date have not been indicated in the medical records. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 08-25-2015 indicates that the injured worker had lower back pain, pain in the midline of the spine, neck pain with radiation into the shoulders, left shoulder pain, and right shoulder pain. It was noted that there was burning, aching pain with difficulty in turning her neck. The objective findings included tenderness to palpation over the proximal bilateral forearm with tender points indicating possible fibromyalgia. The treatment plan included an MSK (musculoskeletal) ultrasound of the left carpal tunnel to be done in-house on the day of the visit. It was noted that the injured worker was temporarily totally disabled until the next appointment. The request for authorization was dated 08-28-2015. The treating physician requested one MSK (musculoskeletal) ultrasound of the left carpal tunnel (date of service: 08-25-2015). On 09-09-2015, Utilization Review (UR) non-certified the request for one MSK (musculoskeletal) ultrasound of the left carpal tunnel (date of service: 08-25-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective MSK ultrasound of the left carpal tunnel (DOS 8/25/2015): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal tunnel syndrome (Acute & Chronic): Ultrasound, diagnostic (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpel tunnel syndrome chapter, under Ultrasound.

**Decision rationale:** This is a request for RETROSPECTIVE MSK ULTRASOUND OF THE LEFT CARPAL TUNNEL (DOS 8/25/2015). Treatment history was not provided in the medical files. The patient is temporarily very disabled. ODG, Carpel tunnel syndrome section, under Ultrasound, diagnostic states Recommended as an additional option only in difficult cases. High-frequency ultrasound examination of the median nerve and measurement of its cross-sectional area may be considered as a new alternative diagnostic modality for the evaluation of CTS. In addition to being of high diagnostic accuracy it is able to define the cause of nerve compression and aids treatment planning. Ultrasound should not substitute for other recommended diagnostic procedures, since electrodiagnostic testing will be positive in well over 90% of carpal tunnel syndrome cases, perhaps higher if provocative techniques are used, and, for unclear cases, injection can help clarify the diagnosis. The medical file includes two progress reports dated 08/25/15 and 05/12/15. Per report 08/25/15, the patient presents with lower back, mid spine, neck and bilateral shoulder pain. Examination of the elbow revealed bilateral tenderness to palpation over the proximal forearm with tender points indicating possible fibromyalgia. Examination of the bilateral shoulder revealed decrease ROM and some tenderness. There is positive Neer's, Hawkins, lift-off, Popeye's sign and speed's test on the right. There was no examination of the wrist on 08/25/15 or 05/12/15. Per report 08/25/15, the treatment plan included an MSK (musculoskeletal) ultrasound of the left carpal tunnel done in-house on the day of visit. There is no discussion as to why such imaging was performed. In this case, there are no subjective complaints or objective findings that would warrant such imaging. The medical necessity has not been established. Therefore, the request IS NOT medically necessary.