

Case Number:	CM15-0189451		
Date Assigned:	10/01/2015	Date of Injury:	09/23/2014
Decision Date:	11/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	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, North Carolina
 Certification(s)/Specialty: Family Practice

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 43 year old male who sustained a work-related injury on 9-23-14. Medical record documentation on 7-28-15 revealed the injured worker was being treated for cervical spine strain with degenerative disc disease, rule out bilateral carpal tunnel syndrome and ulnar nerve entrapment, and rule out internal derangement of the bilateral elbows and wrists. He reported moderate pain in the right hand and wrist with pain radiating to his finger. He has associated numbness and tingling as well as cramping and weakness in the hands. His pain increased with gripping, grasping, flexing-extending, rotating and repetitive hand and finger movements. He had restricted range of motion of the right hand and wrist and noted that his pain level varied throughout the day. Medications help alleviate the pain. Objective findings included a normal right wrist range of motion. He had generalized tenderness over the bilateral wrists. He had generalized tenderness to palpation over both wrists and no popping or trigger of finger flexor tendons. He had positive Phalen's test and Durkan's median compression test on the right. He had globally diminished sensation to light touch in both hands. An x-ray on the right hand revealed no fracture, dislocation or subluxation. A request for ultrasound of the right hand was received on 8-20-15. On 8-28-15 the Utilization Review physician determined ultrasound of the right hand was not medically necessary based on California Medical Treatment Utilization Schedule, American College of Occupation and Environmental Medicine (ACOEM).

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: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The request is for an ultrasound of the right hand due to pain, numbness, tingling and cramping in the hand. There are no specific exam findings with red flag conditions present in the right hand. There is no evidence of fracture, infection, tumor, instability weakness or atrophy in the hand. The patient is not a surgical candidate. There is no rationale presented for the medical necessity of then ultrasound. There is no indication of how the ultrasound will change management. An x-ray of the hand was normal. An MRI of the hand was also request along with the ultrasound, and there is no rationale given for the necessity of both tests. Therefore the request is not medically necessary or appropriate.