

Case Number:	CM15-0201662		
Date Assigned:	10/16/2015	Date of Injury:	10/18/2013
Decision Date:	11/25/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 34 year old female who sustained an industrial injury 10-18-13. A review of the medical records reveals the injured worker is undergoing treatment for bilateral hand overuse syndrome, bilateral carpal tunnel syndrome, left scaphoid subchondral cyst, and bilateral 1st carpal metacarpal joint arthralgia. Medical records (07-16-15) reveal the injured worker complains of pain in the right wrist and hand, with numbness in the palm and fingers, rated at 5-6/10, as well as left wrist and hand pain rated at 7/10. The physical exam (07-16-15) reveals loss of sensation in the right palm, left palm and all fingers. Prior treatment includes physical therapy. The original utilization review (09-03-15) non certified the request for ultrasound studies of the bilateral hands.

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, Section(s): Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist and Hand, Diagnostic ultrasound.

Decision rationale: This claimant was injured in 2013. There was an alleged bilateral hand overuse syndrome, bilateral carpal tunnel syndrome, and bilateral 1st carpometacarpal joint arthralgia. There is a loss of sensation in the right palm, left palm and hand. There is no mention of tendon or ulnar nerve damage. In regards to diagnostic ultrasound for the wrist, the MTUS is silent. The ODG notes: Ultrasonography is a dynamic process and is accurate in detecting tendon injuries. (Guerini, 2007) The ulnar nerve is also easily visualized. (Cartwright, 2007) See also Radiography. Ultrasound guidance for injections is generally not recommended. In this case, the complaints are largely neural in nature, not tendinous. There also is no dermatomal documentation of ulnar nerve issues. The request is not medically necessary.

Ultrasound of the left hand: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist and hand, diagnostic ultrasound.

Decision rationale: As shared earlier, this claimant was injured in 2013. There was an alleged bilateral hand overuse syndrome, bilateral carpal tunnel syndrome, and bilateral 1st carpometacarpal joint arthralgia. There was a loss of sensation in the right palm, left palm and hand. As shared previously, in regards to diagnostic ultrasound for the wrist, the MTUS is silent. The ODG notes: Ultrasonography is a dynamic process and is accurate in detecting tendon injuries. (Guerini, 2007) The ulnar nerve is also easily visualized. (Cartwright, 2007) See also Radiography. Ultrasound guidance for injections is generally not recommended. As noted for the other wrist, in this case, the complaints are largely neural in nature, not tendinous. The request is not medically necessary.