

Case Number:	CM15-0084153		
Date Assigned:	05/06/2015	Date of Injury:	09/08/2014
Decision Date:	06/18/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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: 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:

The injured worker is a 61 year old female, who sustained an industrial injury on 09/08/2014. Treatment to date has included conservative care, medications, and electrodiagnostic testing. The injured worker complained of neck and upper back pain and bilateral wrist pain with numbness and tingling. The diagnoses include cervical spine degenerative disc disease, thoracic spine degenerative disc disease, bilateral wrist tendinitis, and bilateral carpal tunnel syndrome. The request for authorization included diagnostic ultrasound to the right wrist to access for the swelling of the median nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Ultrasound to the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute and Chronic): Ultrasound, Diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter.

Decision rationale: According to the Official Disability Guidelines, ultrasound (diagnostic) is recommended in detecting tendon injuries and to visualize the ulnar nerve. In this case, the request is for diagnostic ultrasound to the right wrist to assess for the swelling of the median nerve. The request for diagnostic ultrasound is not supported per evidence based guidelines as there is no indication of tendon injury or injury to the ulnar nerve. The request for Diagnostic Ultrasound to the right wrist is not medically necessary and appropriate.