

Case Number:	CM15-0084241		
Date Assigned:	05/06/2015	Date of Injury:	12/26/2014
Decision Date:	06/04/2015	UR Denial Date:	04/17/2015
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: 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 58 year old female patient who sustained an industrial injury on 12/26/2014. A primary treating office visit dated 10/29/2014 reported the patient with new subjective complaint of nocturnal hand pain; especially trigger fingers. The plan of care involved: exercise treadmill and modified work duty. There was recommendation to undergo electric nerve conduction study, and radiography study of bilateral wrist/hands. She was diagnosed with: myofascial pain, DeQuervain's and will follow up in 4 weeks. The patient is noted participating in therapy sessions and still not working. A primary treating office visit dated 01/28/2015 reported the subjective complaints as bilateral forearm, bilateral wrists, bilateral upper extremities and left hand ring finger pains. She received an injection treating the symptom. Her current complaint showed experiencing nocturnal parasthesia's. The following diagnoses are applied: bilateral carpal tunnel syndrome, active; bilateral wrist/hand joint pain, active; lipoma bilateral forearms, and hypertension. She was given Naprosyn and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic ultrasound of left 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm/Wrist & Hand, Ultrasound (diagnostic), page 182.

Decision rationale: Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the ultrasound. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Diagnostic ultrasound of left wrist ultrasound is not medically necessary and appropriate.

Diagnostic ultrasound of 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm/Wrist & Hand, Ultrasound (diagnostic), page 182.

Decision rationale: Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the ultrasound. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Diagnostic ultrasound of right wrist ultrasound is not medically necessary and appropriate.