

Case Number:	CM14-0124851		
Date Assigned:	09/26/2014	Date of Injury:	10/13/2013
Decision Date:	11/13/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 62 year old male with a date of injury on 10/13/2013. Diagnoses include wrist sprain, lesion ulnar nerve, carpal tunnel syndrome, and derangement of hand joint. Subjective complaints are left hand pain that radiates into the left elbow and is accompanied by tingling, burning, and weakness. Physical exam shows inflammation over the left medial elbow epicondyle, and decreased range of motion. There is tenderness over the left thenar eminence in the hand and left carpal bones, and decreased range of motion. Finkelstein and Tinel's signs are positive on the left. Medications include Naproxen, tramadol, and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT HAND: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HAND/WRIST, MRI

Decision rationale: The ODG states that recommendations for a hand/wrist MRI include: Acute hand or wrist injury with normal x-rays, or chronic wrist pain if a soft tissue tumor or Kienbock's

disease is suspected. For this patient, submitted documentation does not identify recent acute trauma, or suspicion for Kienbock's disease or a soft tissue tumor. Therefore, the medical necessity for an MRI is not established at this time.

MRI LEFT HAND: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HAND/WRIST, MRI

Decision rationale: The ODG states that recommendations for a hand/wrist MRI include: Acute hand or wrist injury with normal x-rays, or chronic wrist pain if a soft tissue tumor or Kienbock's disease is suspected. For this patient, submitted documentation does not identify recent acute trauma, or suspicion for Kienbock's disease or a soft tissue tumor. Therefore, the medical necessity for an MRI is not established at this time.

ULTRASOUND OF THE LEFT HAND AND 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HAND/WRIST, ULTRASOUND

Decision rationale: The ODG recommends ultrasonography as useful in visualization of the ulnar nerve. While submitted documentation shows evidence of ulnar neuropathy at the elbow, there is no objective evidence of this pathology being present in the hand or wrist. Furthermore, records do not indicate the rationale for the use of ultrasound in the anatomical location. Therefore, the medical necessity for a hand/wrist ultrasound is not established at this time.

ULTRASOUND OF THE RIGHT HAND AND 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HAND/WRIST, ULTRASOUND

Decision rationale: The ODG recommends ultrasonography as useful in visualization of the ulnar nerve. While submitted documentation shows evidence of ulnar neuropathy at the elbow, there is no objective evidence of this pathology being present in the hand or wrist. Furthermore,

records do not indicate the rationale for the use of ultrasound in the anatomical location.
Therefore, the medical necessity for a hand/wrist ultrasound is not established at this time.