

Case Number:	CM15-0109236		
Date Assigned:	06/15/2015	Date of Injury:	04/01/2003
Decision Date:	07/22/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/05/2015

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: Pennsylvania, Ohio, 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 61 year old female who sustained an industrial injury on 04/01/2003. Treatment provided to date has included: previous right carpal tunnel release (2001), chiropractic treatments, physical therapy, medications, and conservative therapies/care. Diagnostic tests performed include: electrodiagnostic and nerve conduction testing of the upper extremities (11/24/2014) showing negative results. Other noted dates of injury documented in the medical record include: 09/08/2013-09/08/2014. On 05/14/2015, physician progress report noted complaints of bilateral fingertip numbness and tingling, and dropping objects with the right worse than the left. There was no specified pain and no pain rating mentioned. Additional complaints include fatigue, hearing loss, heartburn, sore muscles, headaches and dizziness. The physical exam revealed tenderness to palpation of the cervical spine and upper trapezius muscles bilaterally, negative compression test, hypoesthesia, tenderness to palpation of the flexor tendons in the bilateral wrist, atrophy, and positive Tinel's and Phalen's tests. The provider noted diagnoses of cervical spine strain/sprain, thoracic spine strain/sprain, bilateral wrist tendonitis, bilateral dynamic carpal tunnel syndrome with history of right carpal tunnel release, and degenerative disc disease. Plan of care includes ultrasound of the right wrist, MRI of the right wrist and follow-up. The injured worker's work status remained restricted/modified and retired. The request for authorization and IMR (independent medical review) includes an ultrasound of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right wrist ultrasound: 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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: ACOEM does not support ultrasound as an accepted means of evaluating or diagnosing suspected carpal tunnel syndrome. The records do not provide an alternate rationale or differential diagnosis to support an indication for diagnostic ultrasound of the wrist. Therefore this request is not medically necessary.