

Case Number:	CM15-0077200		
Date Assigned:	04/28/2015	Date of Injury:	02/22/2014
Decision Date:	05/28/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/23/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 32 year old female, who sustained an industrial injury on 2/22/14. She reported initial complaints of a fall with right arm/wrist complaints. The injured worker was diagnosed as having other wrist pain. Treatment to date has included physical therapy; Cortisone injection (1/20/15); medications. Diagnostics included MRI arthrogram right wrist (1/9/15); EMG/NCV upper extremities (1/7/15); x-rays right wrist 3 views (2/19/15). Currently, the PR-2 notes dated 7/29/14 indicated the injured worker is symptomatic since her last follow-up visit to the office. She has right hand/wrist pain levels of 7/10. Objective findings of the bilateral hand wrists on palpation: there is tenderness over the right wrist triangular fibrocartilage (TFCC) region at the dorsal ulnar aspect with decreased extension and grip strength on the right wrist. A MRI arthrogram of the right wrist (1/9/15) reports tenosynovitis extensor longus, carpi radialis and ECU. There is no tear of the TFCC. She did have a cortisone injection to the right wrist area on 1/20/15 that was of some benefit. The provider had requested 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:

Ultrasound of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 11th Edition (web), 2014, Forearm, Wrist & hand, Ultrasound (diagnostic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, hand; Ultrasound (diagnostic); Ultrasound (therapeutic).

Decision rationale: ODG states concerning ultrasound diagnostic Recommended. 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". The medical documents indicate that there is no TFCC tear (2/2015). In addition, the treating physician does not detail concerns for a tendon tear or ulnar nerve injury and why a diagnostic ultrasound is being requested. Medical records do not indicate if the patient has undergone recent physical therapy or other conservative care. As such, the request for Ultrasound, right wrist is not medically necessary.