

Case Number:	CM13-0024322		
Date Assigned:	11/20/2013	Date of Injury:	05/30/2013
Decision Date:	02/13/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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.

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 patient is a 50-year-old male who sustained a work related injury on 05/30/2013. Subjectively, the patient reported increased right elbow and wrist pain with grip/grasp and associated numbness and tingling to the 3rd and 4th digits. Objective findings revealed tenderness to palpation over the cubital tunnel, a positive Tinel's and paresthesia to the 3rd and 4th digits. The patient's diagnosis was reported as right elbow and wrist sprain/strain with right cubital tunnel syndrome. A request for authorization for an ultrasound of the right shoulder and right elbow was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right elbow diagnostic ultrasound, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Section: Ultrasound, diagnostic.

Decision rationale: Official Disability Guidelines recommend the use of diagnostic ultrasound for "chronic elbow pain with suspect nerve entrapment or mass or suspect biceps tendon tear and/or bursitis with non-diagnostic plain films". The clinical information provided lacks documentation of non-diagnostic radiographs. Physical examination findings were positive for

paresthesia, tenderness to palpation and a positive Tinel's which suggested a cubital tunnel syndrome pathology. However, there is no indication that the patient has exhausted and failed all lower levels of care prior to the request. As such, the request for one right elbow diagnostic ultrasound as an outpatient is noncertified.