

Case Number:	CM13-0034768		
Date Assigned:	03/03/2014	Date of Injury:	03/26/2013
Decision Date:	06/10/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/15/2013

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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:

The patient is a 25 year old female who reported an injury to her right elbow. The mechanism of injury was repetitive use. The claimant's diagnoses are right elbow and right wrist pain. The progress note dated 09/12/13 indicates the patient having previously undergone acupuncture treatments at the right upper extremity. The note indicates the patient having completed a total of 6 sessions. The patient reported numbness at the right hand along with swelling throughout the right upper extremity. The patient also described an increase in a burning type pain with continued use. The patient rated the pain as 8/10. The clinical exam note dated 08/27/13 indicates the patient able to demonstrate 136 degrees of right elbow flexion with 0 degrees of extension. The patient was further able to demonstrate 70 degrees of pronation and 75 degrees of supination. Tenderness was identified upon palpation over the insertion of the triceps tendon. Sensitivity was also identified at the ulnar groove. An MRI of the right elbow dated 06/19/13 revealed a non-specific fluid collection at the articulation of the capitellum in the radial head. The clinical note dated 07/12/13 indicates the patient having been prescribed the use of a brace at the right elbow. However, the patient stated that she was able to wear the brace for only a few minutes at a time. The patient rated her pain as 10/10 at that time. The patient described a tight feeling with passive palmar flexion and dorsal flexion of the right wrist. Tenderness was identified at the medial and posterior region of the right elbow. The treating provider has requested an ultrasound of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND OF THE RIGHT ELBOW, IN-HOUSE, AS PER REQUEST FOR AUTHORIZATION DATED 08/27/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow, Ultrasound, diagnostic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Ultrasound, diagnostic.

Decision rationale: The request for an ultrasound of the right elbow is not medically necessary. The documentation indicates the patient is complaining of ongoing right elbow pain with associated range of motion deficits. The clinical notes indicate the patient having undergone a course of acupuncture treatments. Per ODG, ultrasounds of the elbow are helpful for diagnosis of complete and partial tears of the distal biceps tendon, providing an alternate to MRI. Indications include chronic elbow pain, suspect nerve entrapment or mass, when plain films are nondiagnostic. The claimant has already undergone an MRI of the elbow which showed non-specific fluid. There is no explanation as to how the ultrasound would substantially change the present treatment plan. Medical necessity for the requested ultrasound has not been established. The requested item is not medically necessary.