

Case Number:	CM13-0044964		
Date Assigned:	12/27/2013	Date of Injury:	01/15/2011
Decision Date:	02/28/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

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 Spine, and is licensed to practice in New York. 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. 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 42-year-old female who has bilateral shoulder and elbow pain. The pain is chronic in nature. On physical examination, the patient has bilateral elbow medial and lateral epicondyle tenderness. Range of motion of the elbow is normal in flexion extension pronation supination. Bilateral shoulder strains scapular muscles. Impingement, crossarm and drop arm test a negative. Range of motion is slightly diminished in flexion and abduction, but all other range of motion in the shoulders normal. The diagnoses include bilateral medial and lateral epicondylitis. Bilateral shoulder strain and fibromyalgia according to the consulting rheumatologist. At issue is whether ultrasound evaluation of the elbow and shoulder necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostics ultrasound studies/doppler bilateral shoulders.: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder pain chapter.

Decision rationale: This patient does not meet established criteria for ultrasound of the shoulder. Specifically, the patient only has a very mild limitation of shoulder motion and approximately 95% of shoulder motion is normal. The clinical information in the chart does not indicate that the patient has tendon tearing the shoulder. Physical examination is not consistent with tendon tear. In addition, the medical records do not include a recently documented trial and failure of conservative measures to include physical therapy for shoulder pain. Also, the patient has no red flag indicators for imaging of the shoulder at this point in time. There is no documentation of concern for fracture, tumor or significant loss of motion or weakness. The patient does not meet the ODG criteria, therefore, the request is not certified.

Diagnostics ultrasound studies/doppler bilateral elbows: 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), Elbow Chapter.

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..

Decision rationale: The patient does not meet established criteria for ultrasound evaluation of the elbow. The documentation from the medical records do not indicate that the patient has any evidence of tendon tear in the elbow. The patient's elbow range of motion is completely normal, and there is no documentation of her recent trial of failure of conservative measures for the treatment of elbow pain to include physical therapy. Criteria for elbow ultrasound imaging are not met. The medical records do not include any red flag indicators for elbow imaging such as fracture, concern for tumor, or evidence of severe weakness. The patient does not meet the ODG criteria, therefore, the request is not certified..