

Case Number:	CM13-0047967		
Date Assigned:	12/27/2013	Date of Injury:	02/01/2013
Decision Date:	03/04/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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:

This patient is 46-year old female with a date of injury of 2/01/13. The report from the date of service in question, 10/07/13, states that the patient received a letter noting that the claim is accepted. She had completed 11 sessions of acupuncture, and has been on Anaprox. There is no discussion of therapy. She complains of left index finger pain at the PIP joint. Exam shows tenderness at the left lateral epicondyle. Cozen's test is positive. Range of motion is 0 to 140° of the left elbow. Hand exam shows PIP tenderness and full range. Diagnosis was bilateral index finger tenosynovitis and left lateral epicondylitis/extensor tendinitis. The patient was taken off work for this "acute flare-up", a Kenalog/Marcaine injection was given to the left lateral epicondyle, and diagnostic ultrasound was ordered. For unknown reasons, the patient follows up with the same provider, who writes a DFR as the follow-up report on 10/23/13. Additional prior history is given here. The prior continuous trauma was subsequently settled, and the patient returned to regular work in 2010 following treatment. Her symptoms are self-managed, but when she has a flare-up, she gets treatment with this provider. In August of 2013, she was taken off work for increased symptoms, and then returned to modified duty on 9/03/13. She is experiencing pain in the left hand/index finger with reduced range, swelling and locking, increased right hand/index finger pain, increased left elbow/forearm pain and stress/depression. Exam of the elbow is the same as prior evaluation. There is no report of response to injection and no referral to therapy, only to acupuncture. A Utilization Review decision was made on 10/29/13, recommending non-certification of ultrasound and the Kenalog/Marcaine injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

An ultrasound of the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

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, Ultrasound, Diagnostic.

Decision rationale: ODG does support diagnostic ultrasound for chronic elbow pain as an alternative to MRI if expertise is available, where there is suspicion of a tear, plain films are nondiagnostic. In this case, the patient's case is previously settled. The patient usually self-manages symptoms, but returns for an acute flare. There is no discussion of prior imaging (such as MRI), new trauma to the elbow. There is no discussion as to why this study would be ordered on the first evaluation of an acute flare, in absence of new trauma/high suspicion of a common extensor tear, or prior to initial conservative treatment. In absence of these factors, ultrasound of the elbow is not medically necessary.

A Kenalog/Marcaine injection for the left epicondyle provided on 10/7/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 21-22, 36.

Decision rationale: ACOEM Guidelines revised Elbow chapter notes that local corticosteroid injections may be of short-term benefit, but should only be considered after 3-4 weeks of conservative treatment has failed. In this case, the patient received a corticosteroid injection on the first visit for an acute flare of symptoms, prior to 3-4 weeks of conservative care (such as medications and therapy). The Kenalog/Marcaine injection given to the left epicondyle on 10/07/13 was not medically necessary.