

Case Number:	CM13-0051631		
Date Assigned:	12/27/2013	Date of Injury:	05/29/2013
Decision Date:	04/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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 Occupational Medicine 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 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:

According to the records made available for review, this is a 58-year-old male with a 5/29/13 date of injury. At the time (7/23/13) of request for authorization for an urgent ultrasound of the bilateral elbows, there is documentation of subjective (bilateral elbow pain) and objective (tenderness to palpation over the lateral epicondyles extending to the proximal forearm tendons and muscles bilaterally, positive Cozen's test, restricted range of motion in the elbows) findings, current diagnoses (bilateral elbow/forearm sprain/strain with lateral epicondylitis), and treatment to date (activity modification, physical therapy, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT ULTRASOUND BILIATERAL ELBOWS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 601-602.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Diagnostic Ultrasound.

Decision rationale: The California MTUS Guidelines identify documentation of emergence of a red flag, failure to progress in a rehabilitation program, evidence of significant tissue insult or

neurological dysfunction that has been shown to be correctible by invasive treatment, and failure of at least 4 weeks of conservative care, as the criteria necessary to support the medical necessity of imaging studies for the elbow. The Official Disability Guidelines identify documentation of a condition/diagnosis (with supportive subjective/objective findings) for which diagnostic ultrasound of the elbow is indicated (such as: chronic elbow pain, suspected nerve entrapment or mass, plain films nondiagnostic; and/or chronic elbow pain, suspected biceps tendon tear and/or bursitis, plain films nondiagnostic), as criteria necessary to support the medical necessity of ultrasound of the elbow. Within the medical information available for review, there is documentation of diagnoses of bilateral elbow/forearm sprain/strain with lateral epicondylitis. In addition, there is documentation of at least 4 weeks of conservative care. However, there is no documentation of a condition/diagnosis for which diagnostic ultrasound of the elbow is indicated. Therefore, based on guidelines and a review of the evidence, the requested ultrasound of the bilateral elbows is not medically necessary at this time.