

Case Number:	CM13-0056271		
Date Assigned:	12/30/2013	Date of Injury:	07/11/2008
Decision Date:	05/06/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine and 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 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 injured worker is a 45 year-old female who reported an injury on 07/11/2008 and the mechanism of injury is unknown. The current diagnosis is neck sprain and strain. The injured worker's past treatments include physical therapy, chiropractic treatment, acupuncture, and medications. Improvement was reported with chiropractic treatment. The injured worker complained of chronic pain to her neck, elbow and hands since the injury in 2008. On exam of the elbow, the injured worker indicated she had numbness and tingling in the hands and there was noted tenderness over the medial and lateral epicondyle, left greater than right. Cozen's sign and reverse Cozen's signs were positive. On examination of the right wrist, there was tenderness over the flexor and extensor tendons and range of motion revealed flexion at 55 degrees, extension at 55 degrees, radial deviation at 20 degrees, and the ulnar deviation at 25 degrees. There was a positive Tinel's sign of the bilateral elbows and painful Phalen's sign on bilateral wrists. The current treatment plan was for an ultrasound to the right wrist and bilateral elbows to assess for ulnar nerve subluxation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND TO THE RIGHT WRIST AND BILATERAL ELBOWS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Wrist, and Hand, (updated

5/8/13) (Ultrasound Diagnostic); ODG Elbow (updated 5/7/13) Ultrasound diagnostic indications for imaging Chronic Elbow Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), FOREARM, WRIST AND HAND COMPLAINTS, PAGES 268-269

Decision rationale: The California MTUS/ACOEM Guidelines indicate that special studies are not needed until after a 4- to 6-week period of conservative care and observation and most patients improve quickly, provided red flag conditions are ruled out. The medical documentation noted the patient was experiencing improvement with chiropractic care; however, failed to indicate whether the prior conservative care addressed the patient's elbows and wrists as the patient also had a diagnosis of neck sprain/strain. There is no mention of findings on routine x-ray or other testing that has recently been done. There is insufficient information provided that would establish medical necessity for the ultrasound to the right wrist and bilateral elbows. Therefore, the request is not medically necessary.