

Case Number:	CM13-0064577		
Date Assigned:	01/03/2014	Date of Injury:	03/05/2008
Decision Date:	05/08/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/11/2013

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 Family Practice 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 patient is a 66 year old woman who sustained an injury to her right elbow on March 5, 2008 as the result of cumulative trauma. She has been under the care of [REDACTED] for this and other conditions related to the injury. She is requesting a review for denial of the following service: Diagnostic Ultrasound of the Right Elbow. Progress notes from [REDACTED] office from October 29, 2013 indicate that the patient has chronic right elbow pain as well as neck pain, bilateral shoulder/wrist/hand pain and upper and lower back pain. Physical examination of the right elbow is notable for restricted range of motion along with positive medical epicondylar tenderness to palpation. Diagnostic studies (EMG/NCV) were notable for bilateral carpal tunnel syndrome. There was no evidence of ulnar, radial or cervical radiculopathy. She underwent physical therapy treatments to the elbow. She has been diagnosed with severe right upper extremity pain with elbow ankylosis; medial epicondylitis, rule out right ulnar neuritis; possible complex regional pain syndrome type 2 right ulnar nerve. The treatment plan included an ultrasound examination of the right elbow "with findings of ulnar neuritis and medial epicondylitis".

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Section

Decision rationale: According to the Official Disability Guidelines, diagnostic ultrasound is helpful for diagnosis of complete and partial tears of the distal biceps tendon, providing an alternative to MRI. It may also be used when there is suspicion for a nerve entrapment or mass. The medical records show no evidence of concern for a complete or partial tear of the distal biceps tendon or for lateral epicondylitis. Further, the EMG/NCV studies showed no evidence for ulnar or radial neuropathy. Therefore, the requested right elbow ultrasound is non-certified.