

Case Number:	CM14-0003514		
Date Assigned:	01/31/2014	Date of Injury:	04/03/2013
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology and as a subspecialty in Pain Management 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 46 year-old male who has filed a claim for lateral and medial epicondylitis associated with an industrial injury date of April 03, 2013. Review of progress notes reports right elbow pain with some radiation into the forearm. Patient also experiences pain in the forearm up to the elbow, and swelling of the fingers after 30 minutes of running. MRI of the right elbow dated September 09, 2013 showed lateral epicondylitis and subtle radial head chondromalacia with slight adjacent bony edema. Treatment to date has included (NSAIDs), non-steroidal anti-inflammatory drugs Diclofenac Gel, Protonix, physical therapy, injections, common extensor tendon banding, and bracing. Utilization review from December 23, 2013 denied the request for ultrasound of the right elbow as consultation for a common extensor tenotomy procedure has not been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND, EXTREMITY, RIGHT ELBOW NONVASCULAR, REAL TIME WITH IMAGE DOCUMENTATION: LIMITED, ANATOMIC SPECIFIC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM , CHAPTER 10, ELBOW COMPLAINTS (REVISED 2007),

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: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. According to ODG, ultrasound is recommended in patients with chronic elbow pain suspicious of nerve entrapment or mass with nondiagnostic plain films, or chronic elbow pain suspicious of biceps tendon tear and/or bursitis with nondiagnostic plain films. In this case, the requesting physician notes ultrasound guidance for percutaneous common extensor tenotomy. However, consultation for feasibility of this procedure has not yet occurred. There is no indication for the necessity of an ultrasound at this time. Therefore, the request for ultrasound of the right elbow is not medically necessary per the guideline recommendations of ODG.