

Case Number:	CM14-0011429		
Date Assigned:	02/21/2014	Date of Injury:	08/10/2010
Decision Date:	08/11/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/28/2014

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 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:

This is a 50-year-old female patient with a 8/10/10 date of injury. 1/30/14 progress report indicates persistent right elbow pain. The remainder of the progress report is largely illegible secondary to hand writing and reproduction. 1/24/14 progress report indicates pain and hypersensitivity of the right elbow with tenderness over the scar site. Physical exam demonstrates right wrist tenderness, no tenderness at the elbows. 12/16/13 progress report indicates persistent episodic flares, there is increased numbness and tingling in the fourth and fifth fingers on the right hand. Physical exam demonstrates slight swelling about the medial condyle. There is clinical subluxation of the ulnar nerve with passive range of motion. There is positive Tinel's, positive elbow flexion test about the cubital tunnel. There is decreased sensation in the ulnar nerve distribution and 4/5 strength in the flexor carpi ulnaris, opponens pollicis, and intrinsics. The patient underwent right elbow ulnar nerve neurolysis, medial epicondylectomy and carpal tunnel release at the right wrist on 11/24/10. Treatment to date has included home exercise program, triple stimulator unit, medication, and activity modification. There is documentation of a previous 1/21/14 adverse determination because the ulnar nerve pathology is a clinical diagnosis; and because the patient has had a previous ulnar nerve sonography.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC ULTRASOUND STUDY OF THE RIGHT ELBOW: 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): 601-602.

Decision rationale: CA MTUS reference to ACOEM states that criteria for imaging studies are that the imaging study results will substantially change the treatment plan; emergence of a red flag; failure to progress in a rehabilitation program. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4-weeks of conservative care and observation fails to improve their symptoms. For patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings. However, in this patient, the diagnosis is clinically obvious. There is a subluxing ulnar nerve and sensory disturbances consistent with a lesion at the cubital tunnel. The most recent physical exam findings do not suggest additional pathology. The patient has already undergone elbow ultrasound in the past; there is no change or progression in objective findings to warrant a repeat study. Therefore, the request for a **DIAGNOSTIC ULTRASOUND STUDY OF THE RIGHT ELBOW** was not medically necessary.