MAXIMUS Federal Services

Case Number:	CM14-0011767		
Date Assigned:	02/21/2014	Date of Injury:	12/28/2012
Decision Date:	06/24/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	12/30/2013

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic elbow and shoulder pain reportedly associated with an industrial injury of December 28, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various provides in various specialties; carpal tunnel release surgery; and extensive periods off of time. In a utilization review report dated December 30, 2013, the claims administrator denied a request for diagnostic ultrasound of the elbow, citing non-MTUS 2008 ACOEM Guidelines on therapeutic ultrasound, which is erroneously labeled as originating from the MTUS. Non-MTUS ODG Guidelines were also cited in the denial. The applicant's attorney subsequently appealed. In a clinical progress note dated December 18, 2013, handwritten, not entirely legible, the applicant was described as reporting continued shoulder stiffness, elbow pain, and wrist pain with numbness and tingling about the right hand. Tenderness was appreciated about the medial and lateral epicondyle of the elbow with a positive Tinel's sign appreciated at the wrist and limited shoulder range of motion with flexion to 145 degrees. Voltaren gel, surgical consultation, and total temporary disability were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW ULTRASOUND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, ELBOW DISORDERS, 590-600

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ,

Decision rationale: As noted in the 2007 ACOEM Guidelines elbow complaints chapter in table 2, page 14, there is no specific diagnostic test, which can help to establish a diagnosis of nonspecific elbow pain, as was reportedly present here. In this case, it was further noted that the attending provider also stated that medial epicondylitis and/or lateral epicondylitis were also possible considerations here. As noted in 2007 ACOEM Guidelines, pages 13 and 14, medial and lateral epicondylitis are considered clinical diagnoses, typically made through positive resistant testing on physical examination. The MTUS adopted ACOEM Guidelines, then; do not specifically support diagnostic ultrasound testing for the diagnoses suspected here, namely nonspecific elbow pain, medial epicondylitis, and/or lateral epicondylitis. The 2013 ACOEM Guidelines discusses the topic of diagnostic ultrasound more specifically and notes that diagnostic ultrasound is recommended to diagnose biceps tendinosis or ruptures and that there is no recommendation for or against usage of diagnostic ultrasound for other elbow disorders. In this case, again, there was no mention of biceps tendinosis or biceps rupture being present here. Therefore, the request is not medically necessary, for all the stated reasons.