

Case Number:	CM14-0110178		
Date Assigned:	08/01/2014	Date of Injury:	01/05/2012
Decision Date:	10/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/15/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant sustained a work injury on 1-5-12. Office visit on 5-1-14, the claimant has right neck and shoulder pain. He continues with medial right scapular and right medical shoulder blade pain. The claimant has been treated with medications. Electromyography/Nerve Conduction Study (EMG/NCS) dated 2-27-14 showed mild slowing of right ulnar nerve across the elbow. Magnetic resonance imaging (MRI) of the right elbow dated 2-27-14 was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Ultrasound diagnostic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: ACOEM reflect that there is no recommendation for or against the use of diagnostic ultrasound for the evaluation and diagnosis of other elbow disorders, including osteoarthritis. This claimant has a magnetic resonance imaging (MRI) of the right elbow, which

was normal. There is an absence in documentation noting that this claimant has a pathology that would require further diagnostic investigation with an ultrasound. The medical necessity of this request is not established; therefore, request is not medically necessary.