

<b>Case Number:</b>	CM14-0121542		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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, has a subspecialty in Interventional Spine 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 47 year old female with an injury date of 03/03/11. Based on the 03/03/14 progress report provided by [REDACTED] the patient complains of constant right forearm, wrist, hand pain with associated weakness, and frequent right elbow pain. Patient was provided with a right wrist brace. Physical Exam reveal the following: Right Elbow: Palpation is notable for tenderness over the lateral epicondyle and to a lesser extent over the medial epicondyle region. Tinel's sign over the cubital tunnel and bent elbow test are negative. Cozen's test and Reverse Cozen's test are positive for increased pain over the lateral and medial epicondylar regions. Range of motion of the right elbow is measured by goniometer as follows: Flexion is 140 degrees, extension is 0 degrees, supination is 80 degrees, and pronation is 80 degrees. Right Forearm/Wrist/Hand: Inspection reveals a well-healed surgical scar measuring approximately four centimeters over the palmar crease reflective of carpal tunnel release surgery in September 2012. Palpation is notable for tenderness over the distal flexor and extensor of the forearm and wrist with increased pain upon passive stretching and wrist motion of the right wrist. Tinel's sign over the carpal tunnel and Phalen's test elicits local sensitivity. Finkelstein's test is negative. Range of motion of the right wrist is measured by goniometer as follows: Flexion is 60 degrees, extension is 60 degrees, radial deviation is 20 degrees and ulnar deviation is 30 degrees. Jamar dynamometer grip: 20/18/18 kilograms on the right major and 30/30/30 kilograms on the left minor. DIAGNOSIS: Status post right wrist carpal tunnel release, approximately September 2012. Right forearm/wrist overuse flexor and extensor tendinitis. Right elbow medial and lateral epicondylitis. [REDACTED] is requesting Ultrasound right elbow. The utilization review determination being challenged is dated 07/15/14. The rationale is that according to guidelines, there was a lack of documentation for the diagnosis of distal biceps tendon injuries.

██████████ is the requesting provider, and he provided treatment reports from 03/03/14 - 07/25/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultrasound right elbow:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic. Decision based on Non-MTUS Citation ODG (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).

**Decision rationale:** The patient is status post right wrist carpal tunnel 2012 and wears a wrist brace. Per treater report dated 03/03/14, she has been diagnosed with right forearm/wrist overuse flexor and extensor tendinitis, and right elbow medial and lateral epicondylitis. Cozen's test and Reverse Cozen's test are positive for increased pain over the lateral and medial epicondylar regions. The request is for Ultrasound right elbow. No record of other treatments have been found in review of progress reports. ODG-twc guidelines state " indications for imaging -- Ultrasound:- Chronic elbow pain, suspect nerve entrapment or mass; plain films nondiagnostic (an alternative to MRI if expertise available)- Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic (an alternative to MRI if expertise available)." Given the patient persistent symptoms in the elbow, U/S evaluation of the elbow appears reasonable. Recommendation is for authorization.