

Case Number:	CM14-0131106		
Date Assigned:	08/20/2014	Date of Injury:	03/26/2009
Decision Date:	11/05/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/15/2014

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 & Rehabilitation, 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 injured worker is a 44 year old female who reported injury on 03/26/2009. The mechanism of injury was not provided. Diagnoses included right elbow epicondylitis with probable cubital tunnel syndrome, and possible recurrent carpal tunnel syndrome. The past treatments included a brace, physical therapy, a home exercise program, and medications. Surgical history noted a right carpal tunnel release in June 2010. The progress note dated 07/21/2014, noted the injured worker complained of difficulty sleeping, pain to the right elbow radiating to the forearm, rated 4/10, with numbness and tingling to the right wrist and forearm. The physical exam revealed positive Tinel's sign of the elbow and wrist, positive Finkelstein's, and tenderness to palpation over the triceps tendon. The physician noted right elbow flexion 132, extension 0. Medications were not listed. The treatment plan requested to continue the brace and home exercise program, and a diagnostic ultrasound of the right wrist and elbow due to radiating pain, numbness and tingling from the elbow to the hand. The Request for Authorization form was dated 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic ultrasound of the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic) Ultrasound, diagnostic:

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Ultrasound, Diagnostic.

Decision rationale: The request for diagnostic ultrasound of the right elbow is not medically necessary. The injured worker had pain to the right elbow radiating to the forearm, rated 4/10, with numbness and tingling to the right wrist and forearm. The physical exam revealed positive Tinel's sign of the elbow and wrist, positive Finkelstein's, and tenderness to palpation over the triceps tendon. The Official Disability Guidelines state diagnostic ultrasound for the elbow is recommended for patients with chronic elbow pain when nerve entrapment or mass is suspected, or when biceps tendon tear and/or bursitis are suspected when plain films are nondiagnostic. The physician recommended a diagnostic ultrasound of the right wrist and elbow due to radiating pain, numbness and tingling from the elbow to the hand. There is a lack of documentation indicating an x-ray has been completed of the right elbow which was nondiagnostic. A diagnostic ultrasound would not be indicated at this time. Therefore, the request is not medically necessary.