

<b>Case Number:</b>	CM14-0138782		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old female with a 9/28/14 date of injury. At the time (7/23/14) of request for authorization for Left Elbow Diagnostic Ultrasound, there is documentation of subjective (left upper extremity pain, left arm weakness, and numbness and tingling into the upper extremity) and objective (tenderness to palpitation over the bilateral supraspinatus tendon, decreased range of motion of the shoulder, tenderness to palpitation over the lateral and medial epicondyle, and normal range of motion of the elbow) findings. Imaging findings of the Left elbow X-ray (unspecified date) report revealed negative findings. The current diagnoses include bilateral shoulder impingement syndrome, bilateral hands/wrists tendonitis, right dorsal wrist ganglion cyst, and rule out bilateral median & ulnar nerve entrapment neuropathy. The treatment to date includes medications. A 9/8/14 medical report identifies objective (positive Tinel's test in the elbow) findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Elbow Diagnostic Ultrasound:** Overturned

**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): 33-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Diagnostic Ultrasound

**Decision rationale:** The MTUS reference to ACOEM Guidelines identifies documentation of emergence of a red flag, failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment, and failure of at least 4 weeks of conservative care, as criteria necessary to support the medical necessity of imaging studies for the elbow. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which diagnostic ultrasound of the elbow is indicated (such as: chronic elbow pain, suspected nerve entrapment or mass, plain films non-diagnostic; and/or chronic elbow pain, suspected biceps tendon tear and/or bursitis, plain films non-diagnostic), as criteria necessary to support the medical necessity of ultrasound of the elbow. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder impingement syndrome, bilateral hands/wrists tendonitis, right dorsal wrist ganglion cyst, and rule out bilateral median & ulnar nerve entrapment neuropathy. In addition, there is documentation of failure of at least 4 weeks of conservative care. Furthermore, given documentation of subjective (left upper extremity pain, left arm weakness, and numbness and tingling into the upper extremity) and objective (tenderness to palpitation over the lateral and medial epicondyle and left elbow positive Tinel's test) findings, there is documentation of a condition/diagnosis (with supportive subjective/objective findings) for which diagnostic ultrasound of the elbow is indicated (suspected nerve entrapment and plain films non-diagnostic). Therefore, based on guidelines and a review of the evidence, the request for Left Elbow Diagnostic Ultrasound is medically necessary.