

<b>Case Number:</b>	CM14-0153758		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 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:

This patient has developed cervical and upper extremity pain subsequent to CT 3/19/14. The requesting physician on 7/14/14 initially evaluated him, but there is no review of preceding treatment. Symptoms included bilateral elbow pain and left hand numbness. Exam findings included bilateral tenderness at the lateral epicondyles with positive wrist extension test (Cozen's sign). There was reported to be diminished sensation in the left C7 distribution and positive signs of ulnar nerve irritability at the elbow, a request for acupuncture, IF unit, diagnostic ultrasound of the elbows and left upper extremity electrodiagnostics was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Ultrasound studies-left elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (Neck and Upper Back (Acute & Chronic))

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 48-51.

**Decision rationale:** For the diagnosis of lateral epicondylitis, MTUS Guidelines recommend a course of conservative care prior to diagnostic studies. There are no red flag conditions that would justify early testing and there is no documentation of extended conservative care. The request for left elbow ultrasound testing is not medically necessary.

**Ultrasound studies-right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 48-51.

**Decision rationale:** With the diagnosis of lateral epicondylitis, MTUS Guidelines recommend a course of conservative care prior to diagnostic studies. There are no red flag conditions that would justify early testing and there is no documentation of extended conservative care. The request for left elbow ultrasound testing is not medically necessary.

**Electromyography left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 13.

**Decision rationale:** MTUS Guidelines supports the use of electrodiagnostic (NCV and EMG) studies if an ulnar neuropathy is suspected. MTUS Guidelines support early evaluation of the extent of possible nerve dysfunction/damage. Therefore the request is medically necessary.

**Nerve conduction studies left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 13.

**Decision rationale:** MTUS Guidelines supports the use of electrodiagnostic studies (NCV and EMG) if an ulnar neuropathy is suspected. MTUS Guidelines support early evaluation of the extent of possible nerve dysfunction/damage. Therefore the request is medically necessary.