

<b>Case Number:</b>	CM14-0165087		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	06/16/2008
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Orthopaedic Surgery 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:

The injured worker is a 38-year-old female with a date of injury of June 16, 2008. The mechanism of injury was not documented. Past surgical history was positive for right DeQuervain's release in October 2012. The patient was diagnosed with right elbow medial and lateral epicondylitis, cubital tunnel syndrome, and right wrist tendonitis. The April 11, 2014 right shoulder magnetic resonance imaging impression documented subacromial bursitis and mild arthritic changes of the glenohumeral joint. There was tendinosis and peritendinitis of the supraspinatus tendon with no rotator cuff tear identified. The August 18, 2014 orthopedic report cited failure of conservative treatment and requested right shoulder arthroscopic evaluation, subacromial decompression, and distal clavicle resection. The September 9, 2014 treating physician report cited continued pain, popping and grinding of the right shoulder, along with numbness and tingling into all digits of the right hand. Right shoulder exam documented tenderness, decreased range of motion, and positive cross arm test. There was decreased C6/7 dermatomal sensation on the right. There was positive Tinel's at the ulnar groove. Authorization had been requested for right shoulder surgery. An updated electromyogram and nerve conduction velocity test was requested. Additional requests for right elbow and right wrist ultrasound were submitted. Records indicated that the surgical request had been approved. The September 24, 2014 utilization review certified the request for right upper extremity electromyogram and nerve conduction velocity test. The request for right elbow ultrasound was denied as there was no clinical evidence of a biceps tear to warrant ultrasound testing consistent with guidelines. The request for right wrist ultrasound was denied as an electromyogram and nerve conduction velocity test was certified and these results should be obtained before ultrasound. Therefore, the requested service is not considered medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right Elbow Ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

**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 California Medical Treatment Utilization Schedule guidelines do not provide recommendations for diagnostic ultrasound of the elbow. The Official Disability Guidelines typically support the use of diagnostic ultrasound (as an alternative to the magnetic resonance imaging) for chronic elbow pain when there is suspected nerve entrapment or mass, or suspected biceps tendon tear and/or bursitis, and plain films were non-diagnostic. Guideline criteria have not been met. There is no rationale provided to support the medical necessity of this diagnostic study. There are positive exam findings suggestive of ulnar nerve entrapment, and a working diagnosis of cubital tunnel syndrome. A right upper extremity electromyogram and nerve conduction velocity test is currently certified. There is no compelling reason at this time to support the medical necessity of right elbow ultrasound, in addition to electrodiagnostic studies. Therefore, this request of right Elbow Ultrasound is not medically necessary and appropriate.

### **Right Wrist Ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Ultrasound (diagnostic)

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines do not provide recommendations for diagnostic ultrasound of the wrist. The Official Disability Guidelines recommend diagnostic ultrasound for detecting tendon injuries and visualizing the ulnar nerve. Guideline criteria have not been met. There is no rationale provided to support the medical necessity of this diagnostic study. There are no current exam findings suggestive of tendon injury or ulnar nerve entrapment at the wrist. Right upper extremity electromyogram and nerve conduction velocity test is currently certified. There is no compelling reason at this time to support the medical necessity of right elbow ultrasound, in addition to electrodiagnostic studies. Therefore, this request for right Wrist Ultrasound is not medically necessary and appropriate.