

Case Number:	CM14-0169534		
Date Assigned:	10/17/2014	Date of Injury:	08/08/2013
Decision Date:	11/19/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/14/2014

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 Colorado. 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 worker is a 27-year-old, right-hand-dominant male, with injuries to bilateral elbows occurring on August 8, 2013 while working as an airplane Fueller. The mechanism of injury is listed as impact trauma on August 8, 2013 after being struck by a vehicle, striking the worker on right side of the body, knocking the worker toward the ground, landing the hands on the ground, without an actual fall. There was immediate pain in the right ankle, right hip, right rib cage, and lower back. There was gradual onset of right shoulder pain. There were subjective reports of pain radiating from the bilateral forearms into the thumbs, subjective tingling, numbness and pins and needle sensations in the forearms and elbows, subjective of locking and stiffness of the elbows with difficulty extending the elbows. Examination of the elbows shows generalized tenderness on palpation of the anterior aspect of the right elbow. There is a negative Tinel's sign bilaterally at the cubital tunnel and antecubital fossa and no specific tenderness over the epicondyles. There is no varus-valgus instability. There are complaints of pain with light palpation about the right elbow. Active range of motion of the right elbow is zero degrees extension, 140 degrees flexion, 80 degrees pronation, 80 degrees supination. There was generalized pain of motion with the right elbow without specific location. Neurologic examination documents normal reflexes, normal sensation to light touch and pinprick, normal vibration sensation, normal two point discrimination, normal motor strength of the upper extremities without evidence of weakness via atrophy but with some increasing pain in the upper extremities. A diagnosis of right elbow contusion with tennis elbow syndrome, strain/sprain is provided. There is commentary that the worker has symptomatic neuropathies of the upper extremities and should undergo electrodiagnostic studies of the upper extremities to determine he if he does have peripheral or possibly radicular neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow disorders. Updated version: American College of Occupational and Environmental Medicine (ACOEM). Elbow disorders. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2007. 67 p. <http://www.guideline.gov/content.aspx?id=38447>

Decision rationale: According to the American College of Occupational and Environmental Medicine, diagnostic ultrasound is seldom necessary. However, it may be helpful in select cases involving biceps tendinosis, severe strains, or refractory epicondylalgia. This guideline provides a "No Recommendation, Insufficient Evidence (I)" for diagnostic ultrasound of elbow disorders, such as ulnar neuropathies at the elbow, other than biceps tendinosis or ruptures. In this case, there is insufficient documentation of the failed conservative treatment, including occupational therapy and/or other forms of treatment such as corticosteroid injection. As such, there is insufficient documentation that the worker's right elbow epicondylalgia is "refractory". The request to authorize right elbow diagnostic ultrasound is not medically necessary.