Case Number:	CM14-0037512		
Date Assigned:	08/22/2014	**Date of Injury:**	12/19/2013
Decision Date:	09/29/2014	**UR Denial Date:**	02/25/2014
Priority:	Standard	**Application Received:**	03/28/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 52-year-old female who reported an injury on 12/19/2013. The mechanism of injury was not submitted in the report. The injured worker has diagnoses of lesion of ulnar nerve, unspecified neuralgia neuritis and radiculitis and lesion of the radial nerve with myofascial pain. Past medical treatment consists of physical therapy and medication therapy. Medications include Voltaren and Protonix. On 02/11/2014, the injured worker complained of bilateral arm pain. Physical examination of the left extremity revealed that the injured worker had no muscle or joint tenderness to palpation. There was also no crepitation or edema. Extensor carpi strength was 4/5. Tone of the major groups was normal. There were also no signs of fasciculation's. Examination revealed a positive Tinel's at the left ulnar groove and left radial groove. There was tenderness to palpation of the right forearm and extensor compartment and flexor compartment. Examination of the right extremity revealed that the injured worker had no muscle or joint tenderness to palpation. There was also no crepitation or edema. Muscle strength of the major groups was 5/5. Tone of the major groups was normal. There was normal bulk with no atrophy. There was tenderness to palpation to the right forearm and extensor compartment and flexor compartment. The injured worker had diagnoses of lesion of the ulnar nerve, unspecified neuralgia, neuritis, and radiculitis, and lesion of the radial nerve myofascial pain. The treatment plan is for the injured worker to undergo diagnostic ultrasound of the bilateral elbows and wrists. The provider feels that this technique allows for visualization of the musculoskeletal, vascular, neuronal structures in real time and with dynamic evaluation. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Ultrasound of Bilateral Elbows and Wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for diagnostic ultrasound of bilateral elbows and wrists is not medically necessary. ODG ultrasound has been shown to be helpful for diagnosis of complete and partial tears of the distal biceps tendon, providing an alternate to MRI. Ultrasound of the common extensor tendon had high sensitivity but low specificity in the detection of symptomatic lateral epicondylitis. Limited evidence showed that diagnostic sonography may not be effective in predicting response to conservative therapy for tennis elbow. Indications for ultrasound imaging indicate that there should be a history of chronic elbow pain, suspect nerve entrapment or mass, suspect biceps tendon tear and/or bursitis. The included medical documents failed to show evidence of significant neurological deficits on the physical examination. Additionally, documentation failed to show that the injured worker had tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurological deficits on physical examination, a diagnostic ultrasound of the bilateral elbows and wrists is not within the recommended criteria. Furthermore, the documents submitted for review lacked any evidence of suspected nerve entrapment or mass, and/or biceps tendon tear or bursitis. Given that diagnostic ultrasound is recommended for chronic elbow pain, the injured worker is not within the MTUS guidelines, the request for diagnostic ultrasound of the bilateral elbows and wrists is not medically necessary.