

Case Number:	CM14-0079295		
Date Assigned:	07/18/2014	Date of Injury:	12/28/2012
Decision Date:	09/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/29/2014

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:

According to the available records, this patient was injured 12/20/12. Mechanism of injury was cumulative trauma. She is status post right carpal tunnel release 3/16/13. There was post op Physical Therapy and splinting. Per the UR summary of 4/8/14 there were complaints of right hand and forearm pain getting worse along with the neck and right shoulder symptoms. Right elbow exam revealed tenderness over the medial and lateral epicondyles. Cozens and Tinel's tests were positive. Decreased ulnar nerve sensation was noted. A 3/19/14 QME indicated the patient was not working. There was citation of 6/20/13 bilateral upper extremity electrodiagnostic studies that showed mild compression of the right median nerve carpal tunnel and mild compression of the right ulnar nerve at or near the medial epicondyle. Present complaints in the QME report did not mention elbow pain. QME diagnoses did not mention the elbow. There is a 6/2/14 appeal of the non-certification of the ultrasound. This appeal summarized patient's treatment recent history, subjective complaints, objective findings and treatments and did not specifically mention that there had been any treatment provided for the onset of the medial and lateral epicondylar pain in the right elbow. The appeal stated that the right elbow ultrasound was primarily recommended as a diagnostic aid to further evaluate the cause for ongoing pain and confirm progression of her symptoms that may not be seen on physical examination. There was a handwritten and difficult to read PR-2 of 5/16/14 that states that studies were needed to rule out inflammation of ulnar and median nerves and consider further treatment. Elbow related diagnosis was right elbow medial/lateral epicondylitis. There was a full range of motion at the elbow, tenderness over the medial lateral epicondyles, positive Tinel's, positive Cozens, positive bent elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultra sound of the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (updated 02/14/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 231-233, 243. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, diagnostic ultrasound.

Decision rationale: MTUS guidelines incorporated for the elbow use of the 2007 revision of the ACOEM guidelines. Looking in both the 2007 revision and the elbow chapter in the 2004 edition, neither specifically addresses the use of ultrasound for elbow imaging. However, imaging studies in general at the elbow are not recommended unless there is a red flag, failure of appropriate conservative treatment, when surgery is being indicated or to evaluate for potentially serious pathology such as a tumor. Plain films are recommended to rule out osteomyelitis. ODG recommends ultrasound for chronic elbow pain and suspected nerve entrapment or mass; when plain films are non-diagnostic or as an alternative to MRI. The clinical presentation documented here does not show any red flag or failure conservative treatment. Ulnar nerve was already addressed by the electrodiagnostic testing. Diagnosis of epicondylitis is primarily based on clinical exam findings. There is no evidence that an ultrasound would provide information that would alter the treatment plan. Therefore, based upon the evidence and guidelines, this is not considered medically necessary.