

<b>Case Number:</b>	CM14-0103044		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 36-year-old female who sustained an industrial injury on 10/27/09., relative to a continuous trauma as a customer service representative. Past surgical history was positive for cubital tunnel release on 9/27/11. Conservative treatment included bracing, elbow pad, physical therapy, TENS unit, and acupuncture. The 12/20/12 EMG report documented no evidence of cubital tunnel syndrome or carpal tunnel syndrome. Records indicated that the injured worker had been diagnosed with right medial and lateral epicondylitis following the cubital tunnel release. The 4/16/14 treating physician report was handwritten and partially illegible. The treating physician report cited an exacerbation of grade 7/10 right elbow pain with burning, numbness, weakness, and aching. Pain was increased with repetitive reaching, lifting, and carrying. Physical exam documented tenderness over the lateral extensor carpi radialis and positive Cozen's sign. The diagnosis included right elbow medial and lateral epicondylitis. The treatment plan included continued home exercise, medications, and elbow band. The treatment plan diagnostic ultrasound for the elbow as there was an exacerbation of symptoms, objective findings, and failure to improve with conservative treatment. Authorization was requested for ultrasound of the right elbow. The 5/29/14 utilization review non-certified the request for ultrasound of the right elbow as the request did not specify whether diagnostic or therapeutic ultrasound was recommended.

### 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 (updated 05/15/14), and Ultrasound, therapeutic.

**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 MTUS guidelines do not provide recommendations for diagnostic ultrasound of the right elbow. The Official Disability Guidelines recommend diagnostic ultrasound for elbow complaints when the patient has chronic elbow pain, plain films were non-diagnostic, and there was suspicion of nerve entrapment or mass, or biceps tendon tear and/or bursitis as an alternative to MRI if expertise is available. Guideline criteria have not been met. This injured worker presents with a flare-up of her right elbow pain with repetitive activities. Clinical exam findings are consistent with the reported diagnosis of medial and lateral epicondylitis. Electro diagnostic studies are reported as normal. There is no documentation that nerve entrapment or mass, or biceps tendon tear/bursitis is suspected to meet guideline criteria for diagnostic ultrasound. Therefore, this request is not medically necessary.