

Case Number:	CM15-0009931		
Date Assigned:	01/27/2015	Date of Injury:	07/28/2014
Decision Date:	03/17/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/16/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 was a 54 year old male, who sustained a work related injury, July 28, 2014. The injured worker sustained several injuries, due to a forklift accident; the injured worker was thrown off. The injured worker suffered from constant pain in the neck, mid back, low back, bilateral shoulders, right elbow and right knee. The injured worker had right knee arthroscopic surgery in 1983. The injured workers chief complaint was pain in the right forearm, right elbow, right shoulder and right knee. The injured worker was diagnosed with cervical strain, lumbar spine strain, thoracic spine musculoligamentous sprain/strain, bilateral knee contusion, lumbar spine contusion, left rib contusion, bilateral shoulder sprain/strain, right elbow sprain/strain jaw complaints and head contusion. The injured worker was treated aqua therapy, land physical therapy, Norco, Flexeril, acupuncture, back brace, laboratory studies, pulmonary function testing and diagnostic studies. A recent progress note in January 8, 2015 indicated the claimant had elbow pain and reduced range of motion. An ultrasound for the right elbow was ordered. On December 8, 2014, the primary treating physician requested authorization for an ultrasound of the right elbow pain and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound 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), 11th Edition (web), Elbow, Ultrasound, Diagnostic, Indications for Imaging - Ultrasound

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 269. Decision based on Non-MTUS Citation ELbow pain and ultrasound

Decision rationale: According to the ODG guidelines, Ultrasonography is a dynamic process and is accurate in detecting tendon injuries. In this case, there is no indication of tendon or bone injury. The injury was remote to the recent complaint of elbow pain. An ultrasound is not the 1st line of management in elbow pain. The request for an ultrasound of the elbow is not medically necessary.