

<b>Case Number:</b>	CM15-0103507		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37 year old female, who sustained an industrial injury on 9/7/11. The injured worker has complaints of right elbow pain. The diagnoses have included medial epicondylitis. Treatment to date has included physical therapy; nerve conduction velocity studies on 4/26/12 were negative for ulnar nerve neuropathy and median nerve neuropathy; magnetic resonance imaging (MRI) of the cervical spine showed central to left-sided disc protrusion at C5-C6 measuring two millimeters with minimal contact with the ventral cord with open foramen and right-sided thyroid gland mass with clinical correlation with ultrasound recommended and magnetic resonance imaging (MRI) of the right shoulder on 7/11/13 showed no evidence to rotator cuff tear, but there was supraspinatus tendinosis and a hook-like acromion, as well as minor degenerative changes at the acromioclavicular joint. The request was for right elbow diagnostic ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow diagnostic ultrasound:** Overturned

**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 Forearm, Wrist, & Hand Acute & Chronic chapter, Ultrasound (diagnostic).

**Decision rationale:** This patient presents with chronic right elbow pain. The current request is for a Right elbow diagnostic ultrasound. Treatment to date has included physical therapy, nerve conduction velocity studies, MRI of the c-spine and medications. The patient is not working. As per ODG guidelines, chapter Forearm, Wrist, & Hand Acute & Chronic and topic Ultrasound (diagnostic, states that "Recommended. Ultrasonography is a dynamic process and is accurate in detecting tendon injuries. The ulnar nerve is also easily visualized." Regarding Ultrasound Therapeutic, the guidelines state "Not recommended. In a Cochrane Database review, there was only weak evidence of a short-term benefit of therapeutic ultrasound for distal radial fractures. arthritic hands, there is no significant benefit from therapeutic ultrasound for all the outcomes measured after 1, 2 or 3 weeks of treatment. In this RCT, adding ultrasound therapy to splinting was not superior to splinting alone." According to progress report 04/17/15, the patient reports continued right elbow pain with a diagnosis of medial epicondylitis. The pain is described as moderate, constant, dull, burning with associated numbness. Physical examination revealed tenderness to palpation of the medial lateral epicondyle and positive Cozen sign. Progress reports are handwritten and partially illegible. There is no indication of an ultrasound of the right elbow to date. ODG guidelines states that ultrasound procedure is not recommended for therapeutic purposes but it can help detect tendon injuries accurately. The patient's mechanism of injury was not discussed. The patient suffers from chronic elbow pain and persistent pain could be tendon injury or ulnar nerve problem. An ultrasound for further evaluation is in accordance with ODG. This request is medically necessary.