

Case Number:	CM15-0130664		
Date Assigned:	07/17/2015	Date of Injury:	05/10/2013
Decision Date:	08/13/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/07/2015

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: North Carolina
 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 is a 32 year old female with an industrial injury dated 08/03/2012-05/21/2013 (cumulative trauma). Her diagnoses included cervical spine radiculopathy, bilateral upper extremities compression neuropathy, pain related anxiety and insomnia and status post bilateral epicondyle injections (failed). Prior treatment included medications, braces for elbows and visits with psychologist. She presents on 05/22/2015 with complaints of continued severe pain to bilateral upper extremities with tingling and numbness. She also complained of neck pain with stiffness rated as 5-7/10. Physical exam noted positive Phalen's test, positive bilateral Tinel's test, tenderness to both lateral epicondyles and pain to both epicondyles with range of motion. Treatment plan included medications, urine toxicology, blood work, tennis elbow braces and ultrasound of elbows. The treatment request for urine toxicology was authorized. The treatment request for review is for diagnostic ultrasound for the bilateral elbows, hormonal assay blood works and tennis elbow braces, bilateral, purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Ultrasound for the bilateral elbows: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, ultrasound, diagnostic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: The ACOEM chapter on elbow complaint states: Criteria for ordering imaging studies are: The imaging study results will substantially change the treatment plan. Emergence of a red flag. Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. The provided clinical documentation does not show emergence of red flags or failure in a rehabilitation program. Therefore, the request is not medically necessary.

Hormonal Assay Blood Works: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8176868>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To Date, hormonal assays.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The up-to date guidelines states the requested test is used in the detection of activity levels and concentrations of certain biological agents. There is no explanation in the provided clinical documentation how this would play a role in the management of the patient. Therefore, the request is not medically necessary.

Tennis Elbow Braces, bilateral, purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: The ACOEM chapter on elbow complaint states: Quality studies are available on epicondylalgia supports in acute, subacute, and chronic lateral epicondylalgia patients, although the braces most commonly used in research studies are not widely used in the US. There is evidence of benefits. However, these options are low cost, have few side effects, and are not invasive. Thus, while there is insufficient evidence to support their use, they are recommended [Insufficient Evidence (I), Recommended]. The requested service is recommended per the ACOEM. The patient does have elbow pain and therefore the requests are medically necessary.