

Case Number:	CM15-0201970		
Date Assigned:	10/16/2015	Date of Injury:	03/26/2012
Decision Date:	12/03/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old female who sustained an industrial injury on 3-26-2012. A review of medical records indicates the injured worker is being treated for other tenosynovitis of hand and wrist and congenital hereditary muscular dystrophy. Medical records dated 7-29-2015 noted left elbow pain with gripping and grasping and squeezing. Pain level was a 6 out of 10. There was left wrist improvement following a left DeQing. Treatment has included conservative measures. Utilization review form dated 9-15-2015 noncertified left elbow compression strap and left elbow diagnostic ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow diagnostic ultrasound: Overturned

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 Chapter.

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: Per the ODG guidelines with regard to ultrasound: Recommended as indicated in the criteria below. Ultrasound (US) has been shown to be helpful for diagnosis of complete and partial tears of the distal biceps tendon, providing an alternative to MRI. (ACR, 2001) (Wiesler, 2006) See also ACR Appropriateness Criteria. Ultrasound of the common extensor tendon had high sensitivity but low specificity in the detection of symptomatic lateral epicondylitis. (Levin, 2005) Limited evidence shows that diagnostic sonography may not be effective in predicting response to conservative therapy for tennis elbow. (Struijs, 2005) Indications for imaging Ultrasound: Chronic elbow pain, suspect nerve entrapment or mass; plain films non-diagnostic (an alternative to MRI if expertise available), Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films non-diagnostic (an alternative to MRI if expertise available). Per the medical records, it is noted that the injured worker noted left elbow pain with gripping, grasping, and squeezing. I disagree with the UR physician's assertion that there is no clinical evidence of well defined objective physical findings commensurate with diagnosis of medial epicondylitis. Since the clinical presentation is atypical and not responsive to conservative care, further work up is appropriate to define the condition. The request is medically necessary.

Left elbow compression strap: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Medial Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME).

Decision rationale: The Official Disability Guidelines state that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. Per the ACOEM guidelines with regard to epicondylalgia supports: 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]. I respectfully disagree with the UR physician's assertion to first obtain ultrasound and confirm evidence of epicondylitis or tear of the tendon at the elbow. The injured worker is diagnosed with medial epicondylitis and the guidelines support the request. The request is medically necessary.

