

Case Number:	CM15-0209732		
Date Assigned:	10/28/2015	Date of Injury:	07/08/2015
Decision Date:	12/16/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for elbow pain reportedly associated with an industrial injury of July 8, 2015. In a Utilization Review report dated September 5, 2015, the claims administrator failed to approve a request for ultrasound imaging of the elbow. The claims administrator referenced a September 2, 2015 office visit and an associated September 18, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On September 2, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of elbow, wrist, and hand pain. Electrodiagnostic testing of bilateral upper extremities, MRI imaging of the elbow, and ultrasound testing of the elbow were sought. The attending provider stated that the applicant carried active diagnosis of lateral epicondylitis, triceps tendonitis, medial epicondylitis, and ulnar neuritis. It was not stated how the studies in question would influence or alter the treatment plan. The claimant reported derivative complaints of anxiety and depression, the treating provider reported, along with difficulty gripping and grasping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the left elbow, quantity: 1: 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) Treatment in Workers Compensation, Online Edition, 2015 Chapter: Elbow (Acute & Chronic) Ultrasound, diagnostic.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Chronic Pain Considerations. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Elbow Disorders, pg. 423 Ultrasound should generally not be performed in addition to MRI as it usually does not add additional information of benefit.

Decision rationale: No, the request for ultrasound imaging of the elbow is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 10, page 33 notes that criteria for ordering imaging studies include evidence that an imaging study result would substantially change the treatment plan, the emergence of a red flag, and/or evidence of a significant tissue insult or neurologic dysfunction which had been shown to be correctible by invasive treatment, with agreement by the applicant to undergo invasive treatment if the presence of a surgically correctible lesion is identified, here, however, it was not clearly stated how the proposed elbow ultrasound and/or elbow MRI would influence or alter the treatment plan. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study. The fact that so many different diagnostic studies to include electrodiagnostic testing of bilateral upper extremities, elbow MRI imaging and elbow ultrasound testing, were concurrently ordered strongly suggested that said studies had been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. The Third Edition ACOEM Guidelines Elbow Disorders Chapter further notes that ultrasound testing should generally not be performed in addition to MRI imaging as it usually does not add information of benefit. Here, again, the attending provider failed to state, articulate, or identify why he was simultaneously ordering so many different diagnostic studies in the face of the unfavorable ACOEM position(s) on the same. Therefore, the request was not medically necessary.