

Case Number:	CM15-0028174		
Date Assigned:	02/20/2015	Date of Injury:	11/01/2012
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/15/2015

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, Hawaii
 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 51 year old male injured worker suffered and industrial injury on 11/1/2012. The diagnoses were right biceps tendon rupture and right shoulder full thickness rotator cuff tear. The diagnostic study was magnetic resonance imaging of the right elbow. The treatments were medications, H-wave, and physical therapy. The treating provider reported right bicep pain rated as 8/10 and right shoulder pain 6/10. On exam of the bilateral elbows showed marked weakness of the right elbow. He also reports right forearm pain. Shoulder exam showed tenderness, stiffness and impingement signs along with painful range of motion. The Utilization Review Determination on 1/16/2015 non-certified Ultrasound, Extremity, Nonvascular, Real-Time with Image Documentation (Right Elbow and Right Forearm), citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound, Extremity, Nonvascular, Real-Time with Image Documentation (Right Elbow and Right Forearm): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand; Elbow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Elbow Chapter - Ultrasound, diagnostic.

Decision rationale: The patient presents with right biceps tendon rupture and right shoulder full thickness rotator cuff tear. The current request is for ultrasound, extremity, nonvascular, real time with image documentation (right elbow and right forearm). The treating physician states, in a report dated 07/28/14, "Requesting authorization for an Ultrasound of the right elbow and right forearm r/o internal derangement." (21B) The MTUS Guidelines do not address diagnostic ultrasound testing of the elbow. The ODG guidelines state: 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). In this case, the treating physician, in a report dated 01/12/15, "MRI right elbow 11/20/12: partial tear of the distal biceps tendon at its insertion, without retraction." While the patient is experiencing chronic pain, ODG guidelines only support Ultrasound of the elbow for suspected nerve entrapment or mass (which has not been documented in the records available for review) and suspected biceps tendon tear (which has already been documented via MRI) and/or bursitis, not "internal derangement." The current request is not medically necessary and the recommendation is for denial.