

Case Number:	CM15-0213627		
Date Assigned:	11/03/2015	Date of Injury:	02/11/2013
Decision Date:	12/22/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/30/2015

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 chronic elbow pain reportedly associated with an industrial injury of February 11, 2013. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve a request for what it characterized as diagnostic ultrasound testing involving the elbow. An October 2, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On October 2, 2015, the applicant was given a diagnosis of elbow epicondylitis. The applicant was reportedly working despite ongoing complaints of elbow and back pain, the treating provider reported. Tenderness about the elbow epicondylar region was appreciated. The claimant received what was characterized as therapeutic ultrasound to the elbow. The applicant was also asked to employ an elbow sleeve and continue TENS unit. A TENS unit patch, LidoPro cream, Prilosec, and naproxen were all seemingly endorsed. The applicant was working, the treating provider reiterated toward the top of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective ultrasound to the right elbow (DOS: 10/02/2015): Overturned

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

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Ultrasound, therapeutic. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Elbow Disorders, pg. 388, Recommended - Ultrasound for acute, subacute, or chronic lateral epicondylalgia (C).

Decision rationale: The retrospective request for therapeutic ultrasound involving the elbow performed on October 2, 2015 was medically necessary, medically appropriate, and indicated here. While page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound is, as a general rule, not recommended in the chronic pain context present here, this recommendation is, however, contravened by more specific Medical Treatment Guidelines (MTGs) in the form of the MTUS Guideline in ACOEM Chapter 10, Table 4, page 40, which suggests that ultrasound treatment is recommended in the treatment of epicondylalgia, i.e., the primary operating diagnosis here, and the Third Edition ACOEM Guidelines Elbow Disorders Chapter, which likewise notes that therapeutic ultrasound is recommended in the treatment of chronic lateral epicondylalgia, as was seemingly present here on or around the date in question, October 2, 2015. The attending provider's progress note of that date suggested that the applicant had profited from a prior ultrasound session involving the elbow as evinced by the applicant's successful return to and/or maintenance of full-time work status with the same. The applicant was not seemingly using any opioid agents on October 2, 2015, the treating provider suggested. Moving forward with the repeat therapeutic elbow ultrasound session at issue was, thus, indicated in the chronic elbow epicondylitis context present here, per the MTUS Guideline in ACOEM Chapter 10, Table 4, page 40 and the Third Edition ACOEM Guidelines Elbow Disorders Chapter. Therefore, the request is medically necessary.