

Case Number:	CM15-0032434		
Date Assigned:	02/25/2015	Date of Injury:	10/09/2014
Decision Date:	04/23/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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
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 34 year old male, who sustained a work/ industrial injury on 10/9/14 while employed initially as a customer relationship manager with was then transferred to a new position. He has reported symptoms of stress, anxiety, sleep and gastrointestinal changes as well as increased neck, back, shoulder, elbow, wrist, hand, and numbness and tingling of the fingers. This progressed to chest pain and increased stress and anxiety. Prior medical history was negative. The diagnoses have included bilateral forearm/wrist extensor and flexor tendinitis with carpal tunnel syndrome, bilateral elbow lateral epicondylitis, cervical spine strain, thoracic spine strain, lumbosacral sprain, bilateral shoulder sprain, stress and anxiety. Treatments to date included psychiatry, internal medicine specialist, and physical therapy. Diagnostics included X-ray's were unremarkable. The treating physician's report (PR-2) from 12/19/14 examination noted Spurling's maneuver caused increased pain. Orthopedic testing was negative. Cozen's test was positive in the bilateral elbows, Phalen's test was positive in the bilateral hands, sensation was decreased in the right median nerve distribution. On 1/23/15, Utilization Review non-certified a Diagnostic Ultrasound Bilateral Elbow, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, American College of Occupational and Environmental Medicine (ACOEM) Guidelines, and non-MTUS: Official Disability Guidelines (ODG): Elbow Chapter, Indications for Imaging- Ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Ultrasound Bilateral Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow Chapter, Indications for Imaging- Ultrasound.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow.

Decision rationale: According to guidelines, ultrasound of the elbow is not usually recommended as diagnostic studies but rather as treatment for certain elbow conditions. According to the medical records, the patient has epicondylitis. There is no indication as to why ultrasound is needed and thus not medically necessary.