

<b>Case Number:</b>	CM15-0049032		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Indiana

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:

This 50 year old man sustained an industrial injury on 11/10/2011. The mechanism of injury is not detailed. Evaluations include lumbar spine x-rays dated 11/20/2014, x-rays of the left knee dated 11/20/2014, x-rays of the left ankle dated 11/20/2014, MRI of the left knee dated 12/16/2014, and MRI arthrogram of the right shoulder dated 12/17/2014. Diagnoses include lumbar radiculopathy with left foot drop, lumbar disc protrusions/degenerative disc disease, lumbar spine myoligamentous sprain/strain, patellofemoral syndrome of the left knee, left knee internal derangement, left knee iliotibial band syndrome, and left knee arthralgia. Treatment has included oral medications. Physician notes dated 1/15/2015 show persistent low back pain, left knee pain and left ankle pain. Recommendations include a pending spine surgery consultation and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Ultrasound of left elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Elbow (Acute & Chronic).

**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.

**Decision rationale:** ODG states the following regarding ultrasound of the elbow: "Recommended as indicated 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 nondiagnostic (an alternative to MRI if expertise available). Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic (an alternative to MRI if expertise available)". The employee does not have one of the approved indication above for an ultrasound. Therefore, the request is not medically necessary.