

Case Number:	CM14-0117600		
Date Assigned:	08/06/2014	Date of Injury:	06/01/1998
Decision Date:	10/14/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 70-year-old female who reported an injury on 07/01/1998. The injured worker has diagnoses of status post right elbow open exploration and debridement repair, ECRB and ECRL with open excision with osteophyte and ulnar transposition. Past medical treatments consist of surgeries, physical therapy, cortisone injection, epidural steroid injection and medication therapy. The injured worker has undergone an MRI and x-rays. On 07/01/2014 the injured worker complained of worsening bilateral elbow and forearm pain. Physical examination revealed that the injured worker had tenderness to palpation on the right elbow. Range of motion revealed that the injured workers flexion was 114 degrees, extension was -10 degrees, pronation was 66 degrees and supination was 70 degrees. The treatment plan is for the injured worker to undergo ultrasound of the elbows bilaterally and have a drug screen. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the Bilateral Elbows/Forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic 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 and Wrists, Ultrasound, diagnostic.

Decision rationale: The request for Ultrasound of the Bilateral Elbows/Forearm is not medically necessary. ODG ultrasound has been helpful for diagnoses of complete and partial tears of the distal bicep tendon, providing an alternative to MRI. Ultrasound of the common extensor tendon had high sensitivity but low specificity in the detection of symptomatic lateral epicondylitis. Limited evidence shows that diagnostic sonography may not be effective in predicting response to conservative therapy. Indications for ultrasound imaging indicate that there should be a history of chronic elbow pain, suspect nerve entrapment or mass, suspect biceps tendon tear and/or bursitis. The submitted documentations failed to show evidence of significant neurologic deficits on physical examination. Additionally, documentation failed to show that the injured worker had tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurologic deficits on physical examination ultrasound of the bilateral elbows and forearms is not within the recommended criteria. Furthermore, the documents submitted lacked any evidence of expected nerve entrapment or mass, and/or bicep tendon tear or bursitis. Given that ultrasound is recommended for chronic elbow pain, the injured worker is not within MTUS Guidelines, the request for ultrasound of the bilateral elbow/forearms is not medically necessary.

Random Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screens.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for Random Urine Drug Screen is not medically necessary. The California MTUS Guidelines recommend a urine drug screen test as an option to assess for the use of or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids for ongoing management, and as screening for a risk of misuse and addiction. The documentation provided did not indicate that the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. Furthermore, there was no indication in the submitted report that the injured worker was on any type of medication. Additionally, the provider failed to submit a rationale as to why they were requesting a drug screen. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request for Urine Drug Screen is not medically necessary.