

Case Number:	CM15-0113401		
Date Assigned:	06/19/2015	Date of Injury:	01/24/2011
Decision Date:	07/23/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/12/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 45 year old female who sustained an industrial injury on 1/24/11. The injured worker was diagnosed as having cervical musculoligamentous sprain/strain, bilateral shoulder periscapular strain, bilateral elbow medial and lateral epicondylitis and bilateral wrist tendinitis with De Quervain's tenosynovitis. Currently, the injured worker was with complaints of right upper extremity discomfort. Previous treatments included status post carpal tunnel release (1/27/15), medication management, wrist braces/supports, chiropractic treatments and a home exercise program. The plan of care was for an ultrasound of the bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound bilateral elbows: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 diagnostic.

Decision rationale: MTUS is silent on diagnostic ultrasound sound of the elbow. So, other guidelines were used. ODG states "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) Also per ODG; 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). The available medical record indicates two active diagnoses for the bilateral elbows; lateral and medial epicondylitis. These are not recognized indications for ultrasound per ODG. As the treating physician has not met the above guidelines for elbow diagnostic ultrasound, the requested Ultrasound bilateral elbows is not medically necessary.