

Case Number:	CM15-0120779		
Date Assigned:	07/01/2015	Date of Injury:	10/25/2014
Decision Date:	08/04/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/22/2015

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 28 year old female, who sustained an industrial injury on 10/25/2014. She reported left wrist and forearm pain when picking up cases of water bottles. The injured worker was diagnosed as having left wrist and forearm sprain/strain with left post traumatic cubital tunnel syndrome and anxiety and depression secondary to chronic pain and disability. Treatment to date has included diagnostics, bracing, physical therapy, and work restrictions. Ultrasound of the bilateral wrists (4/10/2015) was normal. Ultrasound of the bilateral hands (4/10/2015) was normal. Currently, the injured worker complains of left elbow pain, with numbness and tingling. She reported difficulty with bending, pushing, pulling, and lifting. Electromyogram and nerve conduction studies of the left upper extremity were documented as negative. Work status remained modified. No medication use was documented. The treatment plan included diagnostic ultrasound of the left elbow, for evaluation subluxation/ulnar nerve compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Ultrasound, left elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Ultrasound, Diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter/ Ultrasound, diagnostic.

Decision rationale: According to the Official Disability Guidelines, diagnostic ultrasound for the elbow may be indicated for chronic elbow pain when nerve entrapment or mass is suspected. In this case, the injured worker sustained an injury in October 2014 and continues to complain of left elbow pain, with numbness and tingling. Examination findings are positive for cubital tunnel syndrome. The injured worker has not responded to conservative management and the request for diagnostic studies for the elbow is supported at this juncture. The request for Diagnostic Ultrasound, left elbow is medically necessary and appropriate.