

Case Number:	CM15-0173023		
Date Assigned:	09/15/2015	Date of Injury:	09/23/2014
Decision Date:	10/21/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old male who sustained an industrial injury on 09-23-2014. He reported injury to his cervical spine, bilateral elbows, right hand and low back. Treatment to date has included medications, physical therapy and chiropractic care. Treatment with medications included Norco, Gabapentin, Naprosyn and Omeprazole. According to a primary treating physician's initial orthopedic evaluation report dated 07-28-2015, the injured worker reported neck pain that radiated to his shoulders and arms down to the hands. He reported constant "moderate" pain in the elbows that radiated to the hands. There was numbness and tingling and restricted range of motion. He also reported constant "moderate" pain in his wrists and hands that radiated to the fingers with numbness, tingling, cramping and weakness in his hands. He had dropped several objects. He had difficulty sleeping and awakened with pain and discomfort. He reported constant "moderate" shoulder pain with popping, clicking and grinding sensation in the shoulder with numbness and tingling in the shoulders and arms. He reported constant "moderate" low back pain that radiated to his right buttock and legs with numbness and tingling in his right leg. Examination of the bilateral elbow demonstrated no visible deformity or asymmetry bilaterally, no bursa, edema, erythema or warmth. Range of motion of the left and right elbow was normal. There was generalized tenderness of both elbows. Tennis elbow test, Tinel's at elbow and elbow flexion test were negative. Diagnoses included cervical spine strain with degenerative disc disease, rule out bilateral carpal tunnel syndrome and ulnar nerve entrapment, bilateral shoulder subacromial impingement syndrome and rule out internal derangement both elbows and wrists. The injured worker was referred for physical therapy and placed on anti-

inflammatory medications. He was considered temporarily totally disabled. He was to return in 6 weeks. An authorization request dated 08-20-2015 was submitted for review. The requested services included 12 sessions of physical therapy for the shoulders, elbows, wrists, hands and cervical spine, ultrasound of the shoulders, elbows, wrists and hands, electromyography, nerve conduction velocity studies, and MRI of the bilateral shoulders, bilateral elbows, bilateral wrist and bilateral hands. On 08-28-2015, Utilization Review non-certified the request for ultrasound of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

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: Per the ODG guidelines regarding ultrasound: Recommended as indicated in the criteria 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). Per progress report dated 7/28/15, physical exam noted "Examination of the bilateral elbow demonstrated no visible deformity or asymmetry bilaterally, no bursa, edema, erythema or warmth. Range of motion of the left and right elbow was normal. There was generalized tenderness of both elbows. Tennis elbow test, Tinel's at elbow and elbow flexion test were negative." No x-rays were done. As nondiagnostic plain films are prerequisite to meet the criteria for ultrasound, and there is no documentation of non diagnostic plain films, the request is not medically necessary.