

Case Number:	CM15-0173639		
Date Assigned:	09/15/2015	Date of Injury:	04/13/2010
Decision Date:	10/23/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, California
 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with industrial injury of April 13, 2010. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for an updated ultrasound of the right elbow. The claims administrator referenced an RFA form received on August 12, 2015, in its determination. The claims administrator stated that determination was based on MTUS Guidelines but did not cite what guidelines said decision was based upon. The applicant's attorney subsequently appealed. On August 15, 2015, the applicant reported ongoing complaints of intractable ulnar pain with radiating symptoms in the ulnar nerve distribution. The claimant also reported having been recently bitten by a spider, worsening his pain complaints. The claimant was status post earlier cubital tunnel release surgery x4, and had chronic issues with ulnar neuritis, topical compounded agent, and an updated soft tissue ultrasound of the elbow were sought. BuTrans was endorsed. The attending provider stated that the applicant had superimposed myofascial pain complaints. The attending provider stated that the ultrasound was being sought for purposes of searching for a recurrent neuroma. The attending provider was a pain management physician, it was reported. There was no mention of how the proposed ultrasound would influence or alter the treatment plan. The attending provider stated that attempts to pursue a spinal cord stimulator had been denied by the claims administrator. In a separate work status report dated August 10, 2015, the applicant was seemingly returned to work at a rate of eight hours a day, with restrictions, although the attending provider did not clearly state whether the applicant was or was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated Ultrasound right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Chronic Pain Considerations.

Decision rationale: No, the proposed updated ultrasound of the elbow was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, page 33, the primary criteria for ordering imaging studies include evidence that said imaging studies result will substantially change the treatment plan, emergence of a red flag, failure to progress in a rehabilitation program, evidence of significant soft tissue insult or neurologic dysfunction shown to be correctable by invasive treatment and agreement by the applicant to undergo said invasive treatment if the presence of a surgically correctable lesion is identified. Here, however, the attending provider's August 1, 2015 progress note made no mention of how (or if) the proposed ultrasound would influence or alter the treatment plan. There was no mention of applicant's willingness to consider or contemplate surgical intervention based on the outcome of the study in question. The fact that the requesting provider was a pain management physician (as opposed to an elbow surgeon) further reduced the likelihood of the applicant's acting on the results of study in question and/or going on to consider or contemplate surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.