

Case Number:	CM15-0062377		
Date Assigned:	04/08/2015	Date of Injury:	05/08/2012
Decision Date:	05/13/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/02/2015

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

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:

This 64 year old female sustained an industrial injury to bilateral upper extremity via repetitive trauma from 5/18/11 to 5/8/12. Previous treatment included electromyography, bilateral carpal tunnel release, injections, physical therapy, chiropractic therapy, wrist brace, home exercise and medications. In a PR-2 dated 2/16/15, the injured worker complained of bilateral forearm, wrist and hand pain associated with numbness and tingling as well as right elbow pain. Physical exam was remarkable for right elbow with swelling, tenderness to palpation and positive Cozen's test and bilateral forearms and wrist with tenderness to palpation, positive Tinel's sign, positive Phalen's test and positive Finkelstein's test. Current diagnoses included bilateral forearm/wrist flexor and extensor and de Quervain's tenosynovitis with associated suspected bilateral carpal tunnel syndrome and right elbow lateral and medial epicondylitis. The treatment plan included diagnostic ultrasound of the right elbow, chiropractic therapy with adjunctive physical therapy modalities twice a week for four weeks, continuing home exercise, continuing wrist brace and continuing over the counter Aleve and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Ultrasound study of Right Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 12 and 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow chapter, Ultrasound, Diagnostic section.

Decision rationale: The MTUS Guidelines do not address the use of diagnostic ultrasound for the elbow. The ODG recommends the use of diagnostic ultrasound for chronic elbow pain, suspect nerve entrapment or mass, suspect biceps tendon tear and/or bursitis if plain films nondiagnostic. Ultrasound is an alternative to MRI if expertise is available. Diagnostic imaging for lateral or medial epicondylitis is not supported by the MTUS Guidelines or the ODG. The request for Diagnostic Ultrasound study of Right Elbow is determined to not be medically necessary.

Chiropractic Manipulative Therapy with adjunctive physiotherapeutic modalities directed to the Right Elbow emphasizing rehabilitative exercises - 2 times weekly for 4 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow Chapter - Manipulation; Chiropractic Guidelines - Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 28, Chronic Pain Treatment Guidelines Manual therapy & manipulation section.

Decision rationale: The MTUS Guidelines do not recommend the use of manipulation as a treatment modality for the elbow. The request for Chiropractic Manipulative Therapy with adjunctive physiotherapeutic modalities directed to the Right Elbow emphasizing rehabilitative exercises - 2 times weekly for 4 weeks is determined to not be medically necessary.