

<b>Case Number:</b>	CM15-0070215		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Emergency 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 injured worker is a 54 year old male, who sustained an industrial injury on December 5, 2014. He reported onset of pain in the left shoulder, left elbow, low back, bilateral knees, and bilateral ankles in 2000 secondary to performing his usual work duties, with hearing loss attributed to being exposed to a high level of noise, continuing to work with ongoing and worsening symptoms. The injured worker was diagnosed as having lumbar musculoligamentous sprain/strain and right sacroiliac joint sprain with right lower extremity radiculitis, left shoulder periscapular sprain/strain with acromioclavicular degenerative joint disease, left elbow lateral epicondylitis, bilateral knee patellofemoral arthralgia with degenerative changes, bilateral chronic ankle sprain, and hearing loss. Treatment to date has included chiropractic treatments, x-rays, home exercise program (HEP), and a hearing aid. Currently, the injured worker complains of left elbow pain and weakness, and low back and left shoulder pain. The Primary Treating Physician's report dated March 16, 2015; objective findings noted the injured worker's left elbow with tenderness at the lateral epicondyle, lumbar spasms, and a positive Cozen's test. The treatment plan was noted to include continued home exercise program (HEP), and requests for authorization for acupuncture and a left elbow diagnostic ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic Ultrasound of The Left Elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines recommend Ultrasound for diagnosis of complete and partial tears of bicep tendon, detection of epicondylitis and with non-diagnostic plain films. Patient has a positive Cozen's test but range of motion and exam was benign. Patient has reported improving pain with physical therapy. There is no justification for ultrasound. Documentation fails to meet criteria to recommend ultrasound of elbow. Therefore is not medically necessary.