

Case Number:	CM13-0007283		
Date Assigned:	12/11/2013	Date of Injury:	04/27/2011
Decision Date:	01/30/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Georgia and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55 -year-old female who reported an industrial injury of the right ankle, right knee, right hand and right elbow on 04/27/2011 when she fell forward onto her right knee. Initially, the patient was treated for a free edge tear, her posterior horn/body junction of the medial meniscal tissue displaced into the recessed horn by the medial femoral condyle into the meniscal femoral ligament; extensive cartilage fissuring of weight-bearing surface of medial femoral condyle; and moderate joint effusion. On 07/2013, it was noted that the medial elbow had increasingly problematic issues due to protecting the lateral aspect. As noted in the documentation, there is a lack of objective information pertaining to the patient's injury to her right elbow. The patient is only been diagnosed as having joint pain in the upper extremities/arm. The physician is now requesting a magnetic resonance imaging (MRI) of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The California MTUS/CA guidelines indicate that criteria for ordering imaging studies are as follows: the imaging study results will substantially change the treatment plan, emergence of a red flag has been noted, and failure to progress in a rehabilitation program, evidence of a significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment, and agreement by the patient to undergo invasive treatment at the presence of the correctable lesion is confirmed. The guidelines further indicate that for most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There are few exceptions to the rule to avoid special studies absent red flags in the first month. The documentation does not indicate the patient is having any red flag-type issues, as there is very little objective information, if any, providing evidence that the patient has anything other than joint pain in her right upper extremity. Therefore, at this time the clinical findings do not medically necessitate a magnetic resonance imaging (MRI) at this time. As such, the requested service is noncertified.