MAXIMUS Federal Services

Case Number:	CM13-0018933		
Date Assigned:	03/19/2014	Date of Injury:	05/07/2010
Decision Date:	04/22/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/30/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Managgement and is licensed to practice in California. 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/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:

This is a male patient with the date of injury of May 7, 2010. A utilization review determination dated August 20, 2013 recommends non-certification for MRI of the right elbow. Non-certification is recommended due to a lack of documentation of significant changes in symptoms and or findings to suggest significant pathology. A progress report dated September 30, 2013 identifies subjective complaints of right elbow pain which is unchanged. Pain is 4/10. Objective findings identify "ROM". Diagnoses include cervicalgia, lateral epicondylitis, pain in joint in upper arm, and sprain and strain. The treatment plan recommends remaining off work, MRI and acupuncture. A progress report dated August 9, 2013 identifies subjective complaints of pain around the right lateral elbow which radiates into his hand. The patient has undergone physical therapy with no significant improvement. Acupuncture has been denied. Physical examination identifies normal motor strength with some hypesthesia to light touch in the left index finger. There is reduced strength in the right hand. There is nonspecific tenderness to deep palpation over the right lateral elbow and proximal forearm extensor musculature. The diagnoses include persistent right elbow pain following lateral elbow extensor debridement, rule out pronator syndrome. The treatment plan indicates that there has been a failure to improve after surgery. Right elbow forearm MRI is recommended to evaluate persistent and disabling elbow symptoms. The requesting physician is concerned about pronator teres syndrome. An operative report dated May 18, 2013 indicates that right lateral elbow extensor tendon debridement was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MRI OF THE RIGHT ELBOW: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Regarding the request for MRI of right elbow, California MTUS supports imaging studies to clarify the diagnosis if the medical history and physical examination suggest specific disorders. Within the documentation available for review, it is clear the patient has significant complaints affecting the elbow with no improvement despite physical therapy, medication, and surgical intervention. The requesting physician is concerned about pronator teres syndrome, or some other pathology which would explain the patient's ongoing symptoms. There is no indication that the patient has previously undergone an MRI, therefore, the guidelines for repeat MRI do not apply. As such, the use of an MRI is a reasonable next step in an attempt to identify any further pathology affecting the patient's elbow and forearm. Therefore, the currently requested MRI of the right elbow is medically necessary.