

Case Number:	CM13-0025870		
Date Assigned:	11/20/2013	Date of Injury:	07/02/2013
Decision Date:	02/25/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 56 year old female who presents for a worker's compensation follow- up visit. Patient states her neck still hurts but feels a little better. Patient is most concerned about her RUE- arm/elbow. She has lots of pain with movement. The patient is here for re-evaluation of her pain. She state she's a nursing assistant and on 7/2/13 when she had her injury, she went into the kitchen at work, the floor was wet and she slipped and landed on her right arm. The patient is stating that she went back to work on 7/5/13 and only stayed for 4 hrs. She states she had to go home early due to sharp pain in her right Elbow, and that her right elbow hurts when she's doing the vital signs. She had lots of pain last night and couldn't sleep. Patient states that her neck is getting better but still some pain. She is taking the Naprosyn and Flexeril but did not start on the Norco. 8/2/13 AME physical exam reveals: CERVICAL SPINE: Examination of the cervical spine reveals 3+ palpable tenderness over the paraspinal muscles, trapezius muscles and parascapular muscles on the right. There is 3+ tenderness over the spinous processes from C3 through C7. Cervical compression test is positive on the right. Shoulder depression test is positive on the right. There is decreased forward cervical flexion, extension, rotation and bending. RIGHT SHOULDER: Examination of the right shoulder reveals positive impingement test. There is 3+ tenderness noted over the AC joint, coracoid process, bicipital groove, deltoid bursae and GH joint on the right .There is positive Apley's test on the right. Gross muscle strength on the shoulders, elbows, and wrists is 3/5 on the right and 5/5 on the left. There is 2+ pain upon flexion, extension, abduction and adduction. There is 3+ pain with internal and external rotation. The patient is wearing an arm sling RIGHT ELBOW: Examination of the right elbow reveals 2+ tenderness over the lateral epicondyle. The patient is wearing an elbow brace for support. BUE elbow ROM full. Reflexes were 2+/4 BUE. DIAGNOSIS: 1. Cervical spine

sprain/strain with radiculitis, rule out herniated disc. 2. Right shoulder impingement syndrome, rule out internal derangement.3. Right elbow sprain /strain /contusion, rule out internal derangement. MRI of the right shoulder, right elbow and cervical spine were requested. This review addresses whether the elbow MRI is medically necessary. The 9/18/13 shoulder MRI on RUE, probable full-thickness tear of infraspinatus tendon fibers with mild tendon retraction, calcium hydroxyapatite deposition associated with the infraspinatus tendon, fraying of the infraspinatus tendon, subacromial subdeltoid bursal fluid, calcific tendonitis and bursitis, small body versus additional calcium hydroxyapatite deposition in the biceps tendon head biceps long tendon head sheath distally and mild AC joint arthrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI - right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Elbow- MRI's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow- MRI's.

Decision rationale: MRI - right elbow: is not medically necessary per MTUS and ODG guidelines. Per MTUS guidelines," In general, an imaging study may be an appropriate consideration for a patient whose limitations are due to consistent symptoms have persisted for 1 month or more, as in the following cases:- When surgery is being considered for a specific anatomic defect.- To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis." The ODG states that "Magnetic resonance may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear." Documentation on this patient reveals no signs of a red flag on elbow exam. Additionally , patient has not completed the full course of conservative care including therapy. For these reasons MRI of the elbow is not medically necessary.