

Case Number:	CM13-0034222		
Date Assigned:	12/06/2013	Date of Injury:	03/10/2008
Decision Date:	04/10/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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 Management 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:

The injured worker is a 39 year old male with a date of injury on 3/20/2008. The patient's mechanism of injury was due to repetitive strain, especially in duties involve stacking 50 pound bags for 4 hours/day. The patient has a diagnosis of radial nerve overuse syndrome, chronic elbow pain, and lateral epicondylitis. The patient has had left lateral extensor origin repair and an epicondylectomy performed in August 2009, and then lateral extesnsor origin repair and epicondylectomy performed in February 2010. The patient is current using topical Dendracin cream and taking Norco. The patient has had physical therapy, acupuncture, PRP injection, H-wave stimulation, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI LEFT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34, Chronic Pain Treatment Guidelines Treatment Guidelines Code of Regulations Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Repeat Elbow MRI.

Decision rationale: The updated ACOEM Practice Guidelines for "Elbow Complaints" (Revised 2007), on pages 33-34 and in Table 4 (as referenced by the California MTUS Code of Regulations) state the following regarding imaging of the elbow: "For patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings. In general, an imaging study may be an appropriate consideration for a patient whose limitations 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. MRI is recommended for suspected ulnar collateral ligament tears. MRI is not recommended for suspected Epicondylalgia." The California Medical Treatment Guidelines and MTUS do not specifically address the condition of repeat MRI, which per the Official Disability Guidelines Elbow Chapter: "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" The injured worker was referred from his primary treating physician to a certified hand subspecialist, who requested the updated elbow MRI. This consultation was carried out July 2nd, 2013. Neither the primary treating physician nor the consulting physician comment on the date/finding of prior elbow MRI, which the utilization reviewer and claims administrator indicate has taken place. Without this important information, medical necessity for a repeat MRI cannot be demonstrated at this time. This request is not recommended.