

Case Number:	CM13-0046370		
Date Assigned:	12/27/2013	Date of Injury:	10/04/2012
Decision Date:	03/07/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/12/2013

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, 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 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:

According to the records made available for review, this is a 45-year-old female with a 10/4/12 date of injury. At the time of request for authorization for MRI for Upper Extremity Joint/Left Elbow without GAD w/3D, there is documentation of subjective (left wrist pain traveling to the left upper arm and forearm, left elbow pain, and difficulty performing ADLs) and objective (full range of motion of the left elbow, positive Mill's and Cozen's tests of the left elbow, TTP over extensor wad and lateral epicondyle of the left elbow, and tenderness to palpation over the medial joint line of the left elbow) findings, imaging findings (X-rays of the left elbow (9/25/13) report revealed an unremarkable study), current diagnoses (left elbow lateral epicondylitis and left shoulder/arm pain, unknown etiology, and probable bilateral carpal tunnel syndrome), and treatment to date (physical therapy, activity modification, acupuncture, and medications). Plan indicates left elbow MRI to rule out lateral epicondylitis versus an extensor tear, given the patient's complaint of left elbow pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for Upper Extremity Joint/Left Elbow without GAD w/3D: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers' Compensation, Online Edition, Chapter: Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34, 42, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, MRI's.

Decision rationale: MTUS reference to ACOEM guidelines support ordering of imaging studies for: emergence of a red flag, Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. Specifically, MTUS reference to ACOEM recommends the use of MRI in the elbow for suspected ulnar collateral ligament tears. ODG states that an elbow MRI is recommended for chronic elbow pain, suspect chronic epicondylitis, plain films nondiagnostic; chronic elbow pain, suspect collateral ligament tear; plain films nondiagnostic. Within the medical information available for review, given documentation of a diagnosis of left elbow lateral epicondylitis and left shoulder/arm pain of unknown etiology, subjective findings (left wrist pain traveling to the left upper arm and forearm, left elbow pain, and difficulty performing ADLs), objective findings (full range of motion of the left elbow, positive Mill's and Cozen's tests of the left elbow, TTP over extensor wad and lateral epicondyle of the left elbow, and tenderness to palpation over the medial joint line of the left elbow), failure of conservative treatment (medication, physical therapy, activity modification, and acupuncture), an unremarkable x-ray of the left elbow, and a rationale indicating a left elbow MRI to rule out lateral epicondylitis versus an extensor tear, there is documentation of a diagnosis/condition (with supportive subjective/objective findings) for which an MRI is indicated (refractory epicondylitis and to exclude associated tendon and ligament tear). Therefore, based on guidelines and a review of the evidence, the request for MRI for Upper Extremity Joint/Left Elbow without GAD w/3D is medically necessary.