

Case Number:	CM13-0048153		
Date Assigned:	12/27/2013	Date of Injury:	07/18/2011
Decision Date:	05/19/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/04/2013

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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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 patient is a 55 year old male injured worker with date of injury 7/18/11. Electrodiagnostic studies of the upper extremities revealed acute bilateral C5, C6, and C7 cervical radiculopathy; severe right median entrapment at the wrist; mild-to-moderate left carpal tunnel syndrome. MRI of the right elbow dated 7/27/13 findings revealed "There is no fracture, contusion, or osteonecrosis. The bone marrow signal is normal without any bony lesion. The joint spaces are well preserved. There is no significant joint effusion. No soft tissue mass or ganglion cyst is seen. The cubital tunnel and ulnar nerve are intact. There is no evidence of olecranon bursitis. The common extensor tendon group demonstrates mild thickening and slight signal change consistent with lateral epicondylitis/tendinosis. There is no tear identified. The common flexor tendon group is also intact. The brachialis, biceps and triceps tendons are intact. The ulnar and radial collateral ligaments are intact. The annular ligament is intact. Lateral ulnar collateral ligament is unremarkable as seen. The musculature reveals no abnormalities." The treatment to date has included steroid injections, medication management, and physical therapy. The date of UR decision was 10/2/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI BILATERAL ELBOWS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 10, ELBOW COMPLAINTS, 33-34

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, MRI's

Decision rationale: Per ODG guidelines MRI's are recommended as indicated for conditions such as chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films nondiagnostic; suspect occult injury; e.g., osteochondral injury; plain films - nondiagnostic, suspect unstable osteochondral injury; plain films nondiagnostic, suspect nerve entrapment or mass; plain films nondiagnostic, suspect chronic epicondylitis; plain films nondiagnostic, suspect collateral ligament tear; plain films nondiagnostic and/ or suspect biceps tendon tear and/or bursitis; plain films nondiagnostic. A 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) As MRI of the right elbow was performed 7/27/13 with conclusive findings, and there has been no significant change in symptoms, repeat MRI is not recommended. The request for MRI of the bilateral elbows is not medically necessary.