

Case Number:	CM13-0052679		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2009
Decision Date:	05/11/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for a variety of issues, including chest pain, reflux, elbow pain, cubital tunnel syndrome, hypertension, and low back pain reportedly associated with an industrial injury of August 24, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; blood pressure lowering medications; topical compounds; epidural steroid injection therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report of October 14, 2013, the claims administrator denied request for elbow MRI imaging, citing non-MTUS ODG Guidelines, although the MTUS, through ACOEM, did address the topic at hand. The claims administrator stated that the attending provider did not obtain x-rays prior to considering MRI imaging of the elbow. The claims administrator did apparently note that the applicant had had earlier non-diagnostic or negative electrodiagnostic testing of the upper extremities at various points during the life of the claim. An earlier note of January 20, 2013 was notable for comments that the applicant was a represented former property damage adjuster who was on Norco, blood pressure medications, and PPI (Proton Pump Inhibitor) medication. The applicant was given diagnoses of cubital tunnel syndrome, carpal tunnel syndrome, low back pain, reflux, headaches, and dizziness. In a progress note dated November 6, 2013, the attending provider sought authorization for discogram and associated CT scan. It was stated that the applicant has failed epidural steroid injection therapy. The applicant was placed off of work, on total temporary disability. In an August 21, 2013 progress note, the attending provider gave the applicant preliminary diagnoses of cubital tunnel syndrome, medial epicondylitis, lumbar disk disease, and hypertension. The attending provider sought authorization for an MRI of the elbow to rule out soft tissue trauma, cartilage damage, or tendinous and ligamentous tears. Right cubital tunnel release surgery and medial epicondylar

release and repair were sought. The applicant was described as having tenderness, pain, and a positive Tinel sign about the injured elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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; ELBOW CHAPTER-MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, 2007 Elbow Complaints Chapter, page 33, primary criteria for ordering imaging studies include evidence that an imaging study result will substantially alter the treatment plan. Other criteria for pursuit of imaging studies include evidence that the applicant would in fact undergo an invasive treatment or surgical procedure if the presence of a surgically correctable lesion is identified. In this case, the applicant does reportedly carry diagnosis of cubital tunnel syndrome. Earlier electrodiagnostic has been equivocal or negative and has failed to uncover discrete target for surgical repair. The attending provider has now posited that the applicant will act on the results of the MRI study in question and is in fact considering a cubital tunnel release surgery, depending on the outcome of the study. Therefore, the original utilization review decision is overturned. The request for MRI of the Right Elbow is medically necessary and appropriate.