

Case Number:	CM13-0058317		
Date Assigned:	12/30/2013	Date of Injury:	01/15/2013
Decision Date:	04/30/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/26/2013

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 Interventional Spine 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 52 year-old female with a 1/15/13 cumulative trauma industrial claim. She has been diagnosed with cervicothoracic strain, rule out radiculopathy; rule out bilateral carpal tunnel syndrome; bilateral trigger thumbs; bilateral basal joint arthralgia and arthritis; bilateral lateral epicondylitis; lumbar spine strain and degenerative disc disease. According to the initial orthopedic report from [REDACTED] dated 10/14/13, the patient presents with constant moderate neck pain that radiates to the bilateral shoulders/arms down to the hands, with frequent headaches; constant moderate bilateral shoulder pain; constant moderate bilateral hand/wrist pain and in bilateral elbows; also thoracic and lower back pain. Exam of the elbows showed normal ROM, and no tenderness at the lateral epicondyles, there were no positive orthopedic tests for the elbows. Radiographs of the elbow were reviewed and were unremarkable. The plan was for MRI's of the cervical, thoracic, lumbar spine, both shoulder, both elbows and both wrists. On 11/5/13 UR recommended against MRI for the elbows.

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 OFFICIAL DISABILITY GUIDELINES, ELBOW CHAPTER, ONLINE EDITION

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

Decision rationale: According to the ACOEM guidelines regarding the criteria for imaging studies include: "The imaging study results will substantially change the treatment plan." There are no clinical exam findings no tenderness to palpation, any radiographic findings and normal motion and strength. There is no discussion of how an imaging study would change the treatment plan in this situation. There is no red-flag, no evidence of tissue insult or neurological dysfunction that would be correctible by invasive treatment. There is no effusion or palpatory tenderness. The request for a MRI of the bilateral elbows is not medically necessary and appropriate.