MAXIMUS Federal Services

Case Number:	CM13-0065736		
Date Assigned:	03/03/2014	Date of Injury:	09/21/2012
Decision Date:	06/12/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/15/2013

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 59-year-old male with a date of injury of 09/21/2012. The listed diagnoses per [redacted] are Ccrush injury, right forearm, right forearm pain, right upper extremity overuse syndrome, status post right carpal tunnel compression, possible right recurrent carpal tunnel syndrome and possible right ulnar nerve compression. According to report dated 11/13/2013 by [redacted], the patient presents with right forearm, neck, elbow, and shoulder pain. Examination of the right upper extremity revealed healed scars on the dorsal one-third of the forearm consistent with prior crush injury. Proximal to the scar, the arm is swollen and tender. Distally, the forearm is slightly smaller than the contralateral upper extremity. There is positive Phalen's, Tinel's, and compression test of the median nerve with numbness in the thumb, index, and middle finger. Mild thenar atrophy noted. There is positive Tinel's over the Guyon's canal and cubital tunnel. The patient is unable to oppose the thumb to the base of the metacarpal head and lax touch by approximately 1 cm. Examination of the elbow revealed normal range of motion. X-ray of the right elbow from 09/20/2013 showed no evidence of acute fracture or dislocation, degenerative changes of the right elbow joint was noted. The treating physician recommends "MRI of the wrist and MRI of the elbow." Request for Authorization dated 11/25/2013 requests MRI of wrist and MRI of elbow. Utilization review dated 12/03/2013 reviewed request for MRI of the right elbow only.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING M OF THE RIGHT ELBOW: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This patient presents with upper extremity complaints following a crushing injury. The treater is requesting an MRI of the right elbow and the review of the reports do not show prior MRI. The Official Disability Guidelines (ODG) has the following regarding MRI of the elbow, Recommended as indicated below. Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. This patient has not improved with conservative care, continues to be symptomatic around the elbow with positive tinel's over the ulnar nerve. The ODG allows for an MRI for various different diagnosis of the elbow. The request is medically necessary and appropriate.