

Case Number:	CM14-0003495		
Date Assigned:	01/31/2014	Date of Injury:	11/14/2012
Decision Date:	06/19/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/08/2014

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, and is licensed to practice in Illinois. 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 injured worker is a 43-year-old with a reported date of injury on November 14, 2012. The worker was injured while cleaning and picking up pieces of wood when 2 pieces of 2x12 wood fell on him and struck him in the right arm, right hip, and lower back region. He immediately felt a sharp pain through his right elbow, right hip, and low back region. A progress note from December 10, 2013 listed the diagnoses as hip or thigh strain, subluxation, sacroiliac, lumbar sprain/strain, epicondylitis; elbow lateral. The progress note reported a decrease in range of motion, however, it did not specify location or range values. The request of authorization form was not submitted with the medical records. The request is for Magnetic Resonance Imaging for the right hip, and X-ray for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) FOR THE RIGHT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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), Hip & Pelvis Chapter, MRI.

Decision rationale: The Official Disability Guidelines recommend an MRI for Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, and Tumors. The MRI is both highly sensitive and specific for the detections of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. The injured worker was using home exercise program and a TENS (transcutaneous electrical nerve stimulation) unit, however there is a lack of documentation regarding a pain scale and functional deficits. There is a lack of documentation regarding x-rays being performed prior to the MRI request. The request for an MRI of the right hip is not medically necessary or appropriate.

X-RAY FOR THE RIGHT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42 - 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Radiography

Decision rationale: The injury to the elbow is over a year old. The Elbow Disorders Chapter of the ACOEM Practice Guidelines criteria for ordering imaging studies are; the imaging study results will substantially change the treatment plan, emergence of a red flag, and failure to progress in a rehabilitative program, evidence of significant tissue insult or neurological dysfunctions 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. The Official Disability Guidelines recommend radiographs are required before other imaging studies and may be diagnostic for osteochondral fracture, osteochondritis dissecans, and osteocartilaginous intra-articular body. Those patients with normal extension, flexion and supination do not require emergent elbow radiographs. There is not a definitive scale of decreased range of motion and the injury is over a year old. There is a lack of evidence to support a fracture that would warrant an x-ray at this time. The request for an X-ray for the right elbow is not medically necessary or appropriate.