

Case Number:	CM14-0003886		
Date Assigned:	01/31/2014	Date of Injury:	10/25/2013
Decision Date:	06/20/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/09/2014

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 Internal 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 injured worker is a 27-year-old female who reported an injury on 10/25/2013. The mechanism of injury was the injured worker was taking pictures with patrons and as she was doing that, 1 of the customers, while in a sitting position on a big chair, lifted the injured worker up in a sitting position; when the injured worker asked the gentleman to let her go, he accidentally let her slip off his arm and the injured worker fell, but caught herself, and hit her left elbow on the arm of the chair. The injured worker utilized 4 sessions of physical therapy and was told there might be a fracture on ultrasound. The documentation of 11-22-2013 was of poor fax quality. The clinical documentation indicated the injured worker had worsening elbow pain. It was indicated the range of motion of the elbow was dramatically reduced secondary to severe pain. The injured worker had a positive Soto-Hall and maximal foraminal compression test. The injured worker had complaints of being depressed and anxious. The diagnoses included ulnar neuropathy, carpal tunnel syndrome, and elbow derangement. The request was made for an MRI of the left elbow and cervical spine as well as ART stimulator and a psych consult and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42, 43.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42, 43.

Decision rationale: The ACOEM Guidelines indicate the criteria for ordering imaging studies are that the imaging study result would substantially change the treatment plan, there was an emergence of a red flag, and there was a failure to progress in a rehabilitation program, with evidence of significant tissue insult or neurologic dysfunction that has been shown to be correctable by invasive treatment. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Clinical documentation was of poor fax quality, and there was lack of documentation indicating the imaging study would substantially change the treatment plan. There was a lack of documentation of a failure to progress in a rehabilitation program and that there was evidence of significant tissue insult or neurologic dysfunction to support an MRI of the left elbow. The injured worker had undergone x-rays which were within normal limits. Given the above and the lack of documentation, the request for an MRI of the left elbow is not medically necessary.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM Guidelines indicate that the criteria for ordering image studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, and failure to progress in a strengthening program intended to avoid surgery as well as clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on examination. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging studies if symptoms persist. The clinical documentation indicated the injured worker had a positive Soto-Hall and maximal foraminal compression test. However, there was a lack of documentation of specific nerve compromise. There was a lack of documentation of a failure to progress in a strengthening program intended to avoid surgery. Given the above, the request for an MRI of the cervical spine is not medically necessary.

ART STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 39.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, NMES. Page(s): 121.

Decision rationale: The California MTUS indicate that a neuromuscular electrical stimulator device is not recommended as it is part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. There was a lack of documented rationale to support the use of the ART stimulator. There was a lack of documentation of exceptional factors to warrant nonadherence to guidelines recommendations. The request as submitted failed to indicate the duration of use and whether the request was for purchase or rental. Given the above, the request for ART stimulator is not medically necessary.

PSYCHE CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommended consideration of a psych consult if there is evidence of depression, anxiety, or irritability. The clinical documentation submitted for review indicated the injured worker was complaining of depression and anxiety. However, there was a lack of documented outward signs or observations by the physician to support the request. Given the above, the request for a psych consult is not medically necessary.