

Case Number:	CM14-0006907		
Date Assigned:	02/07/2014	Date of Injury:	11/13/2009
Decision Date:	07/11/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/18/2014

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 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 patient is a 60-year-old male who has submitted a claim for bilateral cubital tunnel syndrome status post left cubital tunnel release associated with an industrial injury date of November 13, 2009. Medical records from 2013-2014 were reviewed. The patient complained of bilateral elbow pain with cubital tunnel symptoms. There was associated numbness along the bilateral index and middle fingers. Physical examination showed an ulnar scar of the left elbow. There was tenderness of the ulnar aspect of bilateral elbows at the cubital tunnel. There was positive Tinel's and elbow flexion test. On cubital tunnel hyperflexion test, patient's left index and middle fingers go numb. EMG/NCV study done on January 15, 2010 showed left ulnar nerve marked decrease in conduction velocity and amplitude across the elbow, suggesting severe entrapment or injury across the elbow; findings suggestive of left C7 radiculopathy. Official result of the diagnostic study was not available. The treatment to date has included medications, physical therapy, acupuncture, home exercise program, activity modification, and left elbow surgery. Utilization review, dated December 20, 2013, denied the request for 1 left elbow MRI between 12/16/2013 and 2/2/2014 because there was no significant change in symptoms and no evidence of diminished reflexes, sensation, or muscle strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LEFT ELBOW MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34,42.

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

Decision rationale: California MTUS does not specifically address elbow MRIs. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that indications for elbow MRI include chronic elbow pain with suspicion of chronic epicondylitis, collateral ligament tear, biceps tendon tear, or nerve entrapment or mass, when plain films are non-diagnostic. In this case, the patient had a history of left elbow ulnar nerve decompression in 1976. Physical examination showed notable results of possible nerve entrapment; however, there were no findings of decreased sensation, diminished reflexes or decreased muscle strength. Medical records failed to provide radiographs showing non-diagnostic results. There was also no discussion regarding the indication for proceeding immediately with an MRI when a plain radiograph of the left elbow has not yet been done. There is no clear indication for MRI at this time. Therefore, the request for one (1) left elbow MRI is not medically necessary.