MAXIMUS Federal Services

Case Number:	CM14-0007677		
Date Assigned:	02/10/2014	Date of Injury:	10/03/2011
Decision Date:	09/29/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 54-year-old male with a reported date of injury of 10/03/2011. The injury reportedly occurred when the injured worker was pushing a plastic pipe and the plastic pipe got stuck, which caused his left hand to bend backwards and he felt a pop and immediate swelling. His diagnoses were noted to include left biceps deformity/possible tear, left wrist sprain/strain, left elbow medial epicondylitis, and left upper extremity neuropathy. His previous treatments were noted to include splint and pain medications. The progress note dated 08/22/2013 revealed complaints of constant pain to the left hand rated 6/10. The pain radiated to the right arm and right thumb with associated numbness and tingling sensations. The pain increased at night and during the day. The physical examination of the left wrist/hand noted no instability, laxity, ecchymosis, or abrasions. There was mild inflammation and tenderness to palpation of the dorsal aspect of the wrist joint. The left wrist/hand had a decreased range of motion and negative orthopedics test. The physical examination of the right elbow/forearm noted no instability, laxity, ecchymosis, abrasions, lacerations, or surgical scars. There was mild inflammation and tenderness to palpation of the medial epicondyle. There was a decreased range of motion to the elbows and a positive cubital tunnels. The Request for Authorization form was not submitted within the medical records. The request was for an outpatient MRI (magnetic resonance image) of the left elbow; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MRI (MAGNETIC RESONANCE IMAGE) OF THE LEFT 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,TREATMENT FOR WORKER'S COMPENSATION,ELBOW,INDICATIONS FOR IMAGING-MAGNETIC RESONANCE IMAGING (MRI).

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

Decision rationale: The request for an outpatient MRI (magnetic resonance image) of the left elbow is not medically necessary. The injured worker complained of mild inflammation and tenderness to the right elbow. The Official Disability Guidelines state 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. The guideline indications for MRI are chronic elbow pain that suspects intra-articular osteocartilaginous body and the plain films are diagnostic; chronic elbow pain with suspect occult injury such as osteochondral injury with non-diagnostic plain films; chronic elbow pain with suspected unstable osteochondral injury with plain films non-diagnostic; chronic elbow pain with suspected nerve entrapment or mass with non-diagnostic plain films; and chronic elbow pain with suspected chronic epicondylitis, collateral ligament tear, biceps tendon tear, and/or bursitis with non-diagnostic plain films. There is a lack of documentation regarding non-diagnostic plain films being performed or conservative care to the elbow. Additionally, the clinical findings were to the right elbow and the MRI request is to the left elbow. Therefore, the request is not medically necessary.