

Case Number:	CM14-0008363		
Date Assigned:	05/28/2014	Date of Injury:	09/17/2003
Decision Date:	07/11/2014	UR Denial Date:	01/11/2014
Priority:	Standard	Application Received:	01/22/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of September 17, 2003. The applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; attorney representation; earlier carpal tunnel release surgery; earlier left ulnar nerve transposition surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 10, 2014, the claims administrator approved a request for eight sessions of physical therapy while denying a request for elbow MRI imaging. The claims administrator stated that the applicant had no plans to undergo surgical intervention. The applicant's attorney subsequently appealed. In a May 12, 2014 progress note, the applicant was described as reporting persistent complaints of right medial elbow pain without numbness, tingling, or paresthesias. It was stated that electrodiagnostic testing suggested mild-to-moderate right-sided carpal tunnel syndrome and mild left carpal tunnel syndrome with borderline right ulnar neuropathy versus radial tunnel syndrome at the elbow. It was stated that the applicant had no evidence of ulnar neuropathy and no surgical indications for a primary diagnosis of right medial epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF THE RIGHT ELBOW: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS) adopted American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines in Chapter 10, page 33, criteria for ordering image studies include emergence of a red flag, evidence that an imaging study result will substantially change the treatment plan, and/or evidence of failure to progress in a rehabilitation program and agreement by the applicant to undergo invasive treatment if a correctible lesion is confirmed. In this case, the applicant did have longstanding elbow pain complaints. No clear etiology for the same had been identified. The applicant had pain and swelling about the elbow in question, calling into question a host of possible diagnoses, including possible fracture. MRI imaging apparently did demonstrate evidence of some low-grade impaction fracture about the elbow. While, ultimately, no clear lesion amenable to surgical correction was demonstrated on the MRI study in question, the applicant's failure to progress through outpatient rehabilitation did make a compelling case for the MRI study in question. Therefore, the request was medically necessary.