

Case Number:	CM14-0108951		
Date Assigned:	08/01/2014	Date of Injury:	07/27/2013
Decision Date:	10/31/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/14/2014

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 elbow and upper extremity pain reportedly associated with an industrial injury of July 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; topical agents; unspecified amounts of physical therapy; and trigger point injection therapy. In a Utilization Review Report dated June 10, 2014, the claims administrator denied a request for elbow MRI imaging. The applicant's attorney subsequently appealed. The elbow MRI in question was sought via a Request for Authorization (RFA) form dated June 3, 2014. In a progress note dated April 29, 2014, the applicant reported persistent complaints of ulnar and median pain about the left upper extremity. Left arm tissue loss was appreciated. It was stated that the applicant had some swelling about the left upper extremity musculature. It was stated that the applicant would benefit from "another follow-up MRI" in order to determine the source of the applicant's discomfort, bone loss/osteoporosis, and loss of triceps musculature. The applicant was given diagnoses including pain in limb, loss of tissue in left elbow, triceps muscle loss, ulnar neuropathy, and left arm paresthesias. MRI imaging of the elbow, additional trigger point injections, physical therapy, and diagnostic ultrasound and fluoroscopy were seemingly sought. It was suggested that the applicant was working regular duty. Ultrasound imaging of the left elbow of June 3, 2014 was notable for loss of tissue about the left elbow, loss of triceps musculature, and bone loss. Some indentation was noted about the elbow as well.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 33, criteria for ordering imaging studies include evidence that an imaging study will substantially change the treatment plan, emergence of a red flag, and/or agreement by the applicant to undergo an invasive treatment if the presence of a surgically correctable lesion is identified. In this case, however, it was not clearly stated how (or if) the proposed MRI of the elbow would alter or influence the treatment plan. It was not clearly stated that the applicant was considering or contemplating an invasive procedure involving the elbow based on the results of the MRI in question. It was further noted that earlier elbow ultrasound testing of June 3, 2014 did already demonstrate issues with osteoporosis, triceps muscle loss, muscle deformity, etc. It is not clear why MRI imaging is also being sought if several of the diagnoses in question have already been definitively established. Therefore, the request is not medically necessary.