

Case Number:	CM14-0109077		
Date Assigned:	08/01/2014	Date of Injury:	04/27/2014
Decision Date:	10/15/2014	UR Denial Date:	07/01/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 38 year old female who sustained an industrial injury on 4/27/2014. She slipped and fell, landing on her right lower back and right arm. According to the patient, x-rays taken of the right arm were positive for fracture, but repeat x-rays of the arm did not show a fracture at that time. According to the 4/27/2014 ER report, x-rays were obtained of the right wrist and right elbow. The right wrist x-ray is negative for any acute fracture. The right elbow showed likely posterior fat pad, a finding consistent with occult radial head fracture. She was placed in a right arm sling. The patient was diagnosed with right radial head fracture and low back pain. She was discharged with Norco and Ibuprofen for pain. The patient had a routine follow up on 6/30/2014. She complains of right upper extremity pain, rated 6/10, without medications. The pain radiates to the right shoulder, right arm, elbow and hand. Medications are helping. Current medications are Hydrocodone 2.5/325mg, Naproxen 550, Pantoprazole 20 mg, and Senokot. Physical examination documents the patient does not appear in distress, she has a normal gait, restricted lumbar ROM, tenderness, negative SLR. Restricted ROM of the right shoulder and elbow with pain, positive Tinel's at right wrist, and deformity of the fifth digit of the left hand, which is also tender to palpation. Motor testing limited by pain, 1/5 strength with right shoulder external rotation, decreased light touch sensation over the medial and lateral forearm on the right. Diagnoses are arthropathy NOS shoulder, lateral epicondylitis, thoracic or lumbar neuritis or radiculitis NOS, and sleep disturbance NOS. Recommendation/requests are made for chiropractic therapy, acupuncture, tens unit trial, EMG/NCV studies, MRI of the cervical and lumbar and right shoulder, and lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Elbow Without Contrast: 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): 34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, MRI's

Decision rationale: According to the CA MTUS ACOEM guidelines, Criteria for ordering imaging studies are:- The imaging study results will substantially change the treatment plan.- Emergence of a red flag.- Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. According to the Official Disability Guidelines Indications for imaging -- Magnetic resonance imaging (MRI):- Chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films non-diagnostic- Chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films - non-diagnostic- Chronic elbow pain, suspect unstable osteochondral injury; plain films non-diagnostic- Chronic elbow pain, suspect nerve entrapment or mass; plain films non-diagnostic- Chronic elbow pain, suspect chronic epicondylitis; plain films non-diagnostic- Chronic elbow pain, suspect collateral ligament tear; plain films non-diagnostic- Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films non-diagnostic. In the case of this patient, she sustained a slip and fall, on the right arm and lower back, and treatment has apparently only been medications, which are helpful. She is diagnosed with lateral epicondylitis. The medical records do not appear to establish the existence of significant tissue insult or neurological dysfunction that has failed to respond to a full course of conservative care. The medical records do not indicate the patient has undergone any active therapy or treatment for her upper extremity complaint, such as physical therapy with instruction in a home exercise program. In accordance with the referenced guidelines, the criteria for proceeding with an MRI of the elbow have not been met. Therefore, this request is not medically necessary.