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| Case Number: | CM14-0010748 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 03/05/2011 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 12/24/2013 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 Orthopedic Surgery 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 record notes a 47-year-old male with lateral elbow pain and a date of injury of March 5, 2011. The mechanism of injury reported is that the claimant was replacing a belt on a conveyor and banged his right elbow, and a metal structure between machines. A progress note from December 2013 is provided for review indicating that the claimant complains of ongoing pain, rated 4/10 in the right lateral elbow with tightness in pain in the bowler forearm, and wrist pain rated 3/10. The claimant is working, but this exacerbates the pain. Physical examination of the elbow reveals pain to palpation of the lateral epicondyle. Muscle strength is 4/5 in the flexors and extensors and 3/5. Grip strength is reported. A positive Tinel's sign is present as well as a positive tennis elbow test. Sensation is intact. Reflexes are 2/4 bilaterally. Right wrist exam demonstrates pain over the Palm and flexor carpi radialis muscle with limited motion. Muscle strength is 4/5 for the extensors, flexors, intrinsic's, and 2/5. Grip. Phalen's and Tinel's test is positive. An MRI of the right elbow is recommended as well as occupational therapy. A progress note from October 2013 indicates the right MRI study was performed on September 22, 2011, which was reportedly unremarkable. The claimant is undergone corticosteroid injections and a few sessions of physiotherapy which were not associated with lasting improvement in the right elbow pain. Additionally, pharmacotherapy has included diclofenac, and naproxen. Additionally, electrodiagnostic studies of the right upper extremity were provided in October 2013 and did not reveal any evidence of a neuropathy. The record also notes that the claimant underwent chiropractic treatment for a period of months without significant improvement in his symptoms. A prior review of these requests resulted in a decision of non-certification for the MRI of the elbow, and a modified certification for the physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic) (updated 05/15/14)

Decision rationale: ODG guidelines support MRI evaluation for chronic elbow pain, including tennis elbow symptoms, noting that while MRI is not usually necessary, it may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. However, the medical record provides documentation that an MRI was previously provided, and was normal. In reference to repeat MRI, the guidelines reserve this for significant changes in symptomatology suggestive of significant pathology. The documentation available for review indicates no significant change in symptomatology to warrant a repeat MRI is requested. As such, there is no clinical data to substantiate the medical necessity of a repeat MRI of the right elbow. Therefore, this request is not medically necessary.

OCCUPATIONAL THERAPY 2X4 FOR THE RIGHT ELBOW: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: California guidelines support physical therapy in select clinical settings of chronic pain where a flare in symptomatology is noted. The medical record provided for review does not reference a flare of symptoms. However, review of the documentation provided indicates that the claimant only completed a few sessions of physical therapy early in the course of conservative treatment. Additionally, months of chiropractic care were provided; however, it is not documented and whether these were active or passive modalities. When noting the persistent pain, the duration of symptomatology, and the conservative treatment provided to date, a trial of physical therapy for these persistent symptoms seems reasonable. However, the guideline recommendations for a trial are typically for 6 visits, followed by reassessment, at which point the need for additional therapy can be based on objective documentation of functional gains. With this, the request for 8 sessions cannot be certified as medically necessary as stated.