

Case Number:	CM14-0116332		
Date Assigned:	08/06/2014	Date of Injury:	06/10/2014
Decision Date:	12/04/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/23/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 52-year-old with a reported date of injury of 06/10/2014. The patient has the diagnoses of elbow pain/rule out tricep tendon tear. Per the progress notes provided by the primary treating physician dated 06/19/2014, the patient had complaints of left elbow pain rated a 4/10. The physical exam noted decreased range of motion in the elbow with weakness with extension. The treatment plan recommendations included an MRI of the left elbow and modified working conditions with no lifting greater than 10 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI JOINT UPPER EXTREMITY W/O DYE: Upheld

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

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

Decision rationale: The ACOEM chapter on elbow complaints and imaging studies states: Special Studies and Diagnostic and Treatment Considerations 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. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There are a few exceptions to the rule to avoid special studies absent red flags in the first month. These exceptions include:- Plain-film radiography to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis.- Electromyography (EMG) study if cervical radiculopathy is suspected as a cause of lateral arm pain, and that condition has been present for at least 6 weeks.- Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. For patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings. In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases:- When surgery is being considered for a specific anatomic defect.- To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. There is no documentation of red flags on the provided physical exam. The injury is also less than 4 weeks old from the requested service date. The criteria as outlined above per the ACOEM for imaging studies of the elbow have not been met. Therefore the request is not medically necessary and appropriate.