

Case Number:	CM14-0020893		
Date Assigned:	04/30/2014	Date of Injury:	03/12/2012
Decision Date:	07/08/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/19/2014

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 & Rehabilitation 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 injured worker is a 57-year-old male who reported an injury on 03/12/2012 after a drill caught inside a piece of wood, reportedly causing injury to the injured worker's right upper extremity. The injured worker's treatment history included multiple medications, physical therapy and acupuncture. The injured worker underwent an MRI of the right elbow on 12/09/2013. It was noted that subchondral sclerosis was present at the radial head and thinning of the cartilage at the capitellum with joint space narrowing with obvious signs of osteoarthritis. The injured worker underwent a cervical MRI on the same day that concluded that there was disc desiccation from the C3 down to the C6-7 with a disc bulge impinging on the exiting bilateral C6 nerve roots, a disc bulge at the C6-7 impinging the C7 exiting nerve roots and a disc bulge at the C7-T1 impinging on the C8 nerve roots. The injured worker was evaluated on 12/31/2013. It was documented that the injured worker had persistent cervical spine pain and right upper extremity pain. The evaluation of the cervical spine documented tenderness to the suboccipitals, scalenes and the paraspinous musculature with decreased range of motion and a positive cervical compression/distraction test. Evaluation of the right shoulder documented a deformity of the biceps muscle, decreased range of motion and a positive Neer's, empty can test and supraspinatus test. Evaluation of the right elbow documented tenderness to the lateral epicondyle and ulnar groove. Evaluation of the right wrist documented tenderness to palpation of the carpal tunnel, median nerve distribution, decreased range of motion, positive Tinel's and decreased motor strength. The injured worker's diagnoses included cervical radiculopathy, cervical spine stenosis, cervical spine disc herniation, right rotator cuff tear, a long head biceps tear to the right, right lateral epicondylitis and right carpal tunnel syndrome. A request was made for an MRI of the cervical spine and right elbow, electrodiagnostic studies and physical therapy for the cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, Chronic Pain Treatment Guidelines CRITERIA FOR ORDERING IMAGING STUDIES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, MRI.

Decision rationale: The American College of Occupational and Environmental Medicine recommends a cervical MRI in the presence of radiculopathy. The clinical documentation does not provide physical evidence of radiculopathy of the bilateral upper extremities. Additionally, the Official Disability Guidelines recommend repeat imaging when there is a significant change in the injured worker's clinical presentation to support progressive neurological deficits or a change in pathology. The clinical documentation does include an MRI from 12/05/2013. There was no documentation of a significant change in the injured worker's clinical presentation to support the need for an additional MRI. As such, the requested MRI of the cervical spine is not medically necessary or appropriate.

MRI OF THE RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34, Chronic Pain Treatment Guidelines ELBOW MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43. Decision based on Non-MTUS Citation ODG, Elbow Chapter, MRI.

Decision rationale: The clinical documentation does indicate that the injured worker underwent an MRI of the right elbow on 12/05/2013. The American College of Occupational and Environmental Medicine does not support the use of an MRI study in the evaluation of a right elbow injury unless there are red flag conditions that require further evaluation. Additionally, the Official Disability Guidelines do not recommend repeat imaging in the absence of a significant change in the injured worker's clinical presentation or to support a change in pathology. The clinical documentation does not provide a significant increase in symptoms to support the need for an additional MRI of the right elbow. As such, the requested MRI of the right elbow is not medically necessary or appropriate.