

Case Number:	CM14-0025486		
Date Assigned:	06/13/2014	Date of Injury:	11/03/2013
Decision Date:	08/04/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/28/2014

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 and is licensed to practice in Texas and Oklahoma. 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 48-year-old female with a reported date of injury on 11/03/2013. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with pain in the neck, left shoulder and low back. Upon physical examination, the injured worker's left shoulder range of motion revealed flexion to 160 degrees, extension to 45 degrees, abduction to 150 degrees, and adduction to 45 degrees, internal rotation to 60 degrees and external rotation to 85 degrees. In addition, the injured worker presented with a positive impingement sign. An x-ray of the left elbow dated 12/23/2013 revealed an unremarkable plain film study of the elbow. The bilateral upper extremity electrodiagnostic studies revealed the study was normal for peripheral nerve entrapment. There was no generalized neuropathy. A magnetic resonance imaging (MRI) of the left elbow dated 02/07/2014 revealed minimal joint effusion at the humeral ulnar and humeral radial joints and no other gross abnormality was noted. Previous conservative care included physical therapy and home-based exercise. The injured worker's diagnoses included cervical spine sprain/strain, lumbar spine sprain/strain, mid back sprain/strain, left shoulder sprain/strain, left elbow sprain/strain, symptoms of anxiety and depression, and impaired vision. The injured worker's medication regimen was not provided within the documentation available for review. The request for authorization for an MRI of the left elbow was submitted on 02/20/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Practice Guidelines CHAPTER ELBOW DISORDERS, 601-602.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS)/American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend the criteria for ordering imaging studies would include that the imaging study results will substantially change the treatment plan, emergence of a red flag or failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctable 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 the red flag conditions are ruled out. There are a few exceptions to the rule to avoid special studies of absent red flags in the first month. The exceptions include plain film radiography to rule out osteomyelitis or joint effusion, electromyography study if cervical radiculopathy is suspected, and nerve conduction study and a possible electromyography (EMG) if severe nerve entrapment is suspected on the basis of physical examination. In addition, the Official Disability Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. According to the clinical documentation dated 02/05/2014, the injured worker underwent an MRI which revealed minimal joint effusion of the humeral ulnar and humeral radial joints and no other gross abnormality is noted. There was a lack of documentation related to red flags or change in physical status.