Case Number:	CM14-0040748		
Date Assigned:	06/27/2014	**Date of Injury:**	08/25/2010
Decision Date:	08/14/2014	**UR Denial Date:**	03/12/2014
Priority:	Standard	**Application Received:**	04/01/2014

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 Management 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:

This is a patient with a date of injury of August 25, 2010. A utilization review determination dated March 12, 2014 recommends non-certification for a vascular study of both forearms and an MRI of both elbows. Non-certification for vascular studies was recommended due to lack of clinical findings supporting a diagnosis of compartment syndrome, as well as a lack of documentation of prior diagnostic procedures and treatments which have been used to address this patient's complaints. Non-certification for the MRI of the elbows was recommended due to lack of documentation of failed conservative treatment. A letter dated May 12, 2014 indicates that the patient continues to have pain, weakness, and numbness in his right and left elbow, forearms, and wrists. Additionally, the patient is crepitus and is positive for Tinel's and ulnar nerve at the elbow of both of his elbows [sic]. The note indicates that the patient has loose bodies in both elbows. The patient has been doing bracing and taking medications with no relief. Physical examination findings reveal weakness and numbness in both elbows, forearms, with chronic compartment syndrome in his forearms with positive Tinel's in the ulnar at the elbows and positive Tinel's carpal tunnel in his hands and wrists, and with loose bodies in both elbows. The treatment plan includes EMG/NCV for the ulnar nerve and median nerve and vascular study for his forearms for his chronic compartment syndrome and bilateral elbow MRI for his loose bodies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascular study for bilateral forearms: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis and management of chronic compartment syndromes: a review of the literature Br J Sports Med. 1997; 31(1): 21-27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Diagnosis and management of chronic compartment syndromes: a review of the literature Br J Sports Med. Mar 1997; 31(1): 21-27.

Decision rationale: Regarding the request for vascular study, California MTUS and ODG do not contain criteria for the use of vascular studies in the diagnosis of compartment syndrome. An article entitled Diagnosis and Management of Chronic Compartment Syndrome: A Review of the Literature, published in the British Journal of Sports Medicine indicates that many chronic compartment syndromes can be diagnosed by history alone. The article goes on to identify many ways of measuring the intra-compartmental pressure during exercise to confirm the diagnosis. Within the documentation available for review, it is unclear how the requesting physician has arrived at this differential diagnosis. There is no statement indicating what subjective complaints the patient has mentioned, which would suggest chronic compartment syndrome. Additionally, it is unclear which type of test is being requested to confirm the diagnosis of carpal tunnel syndrome. The term "vascular study" is too vague to allow any certainty about what specifically is being requested and what testing measure is expected to be used to confirm the diagnosis. In the absence of clarity regarding those issues, the currently requested vascular study is not medically necessary.

MRI of the bilateral elbows without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG_TWC, Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, MRIs.

Decision rationale: Regarding the request for MRI of the elbow, California MTUS supports imaging studies to clarify the diagnosis if the medical history and physical examination suggest specific disorders. Within the documentation available for review, it is unclear how the requesting physician has arrived at the diagnosis of loose bodies in the elbow. It appears the patient has numerous complaints and positive findings suggesting issues with the Ulnar and Median nerve. The requesting physician has already recommended electrodiagnostic studies to further evaluate the upper extremity complaints. Additionally, there is no documentation indicating what type of conservative treatment has been attempted prior to the currently requested MRI. It seems reasonable to await the outcome of the electrodiagnostic studies prior to obtaining MRIs of the elbows. As such, the currently requested MRI of bilateral elbows is not medically necessary.