

Case Number:	CM14-0041087		
Date Assigned:	06/27/2014	Date of Injury:	03/10/2014
Decision Date:	07/31/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for elbow pain reportedly associated with an industrial of March 10, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; x-rays of the wrist and elbow, reportedly negative for fractures; an elbow support; and work restrictions. In a Utilization Review Report dated March 27, 2014, the claims administrator denied a request for an elbow MRI. Non-MTUS ODG and American College of Radiology (ACR) Guidelines were cited. The claims administrator stated that there was no evidence that the applicant had failed conservative treatment and consequently, there is no evidence of a condition for which MRI imaging would be indicated. The applicant's attorney subsequently appealed. A July 1, 2014 progress note was notable for comments that the applicant reported persistent complaints of elbow pain with numbness about the hand. The applicant exhibited a negative Tinel sign at the cubital tunnel with no elbow tenderness. The applicant had full elbow range of motion and a benign examination/benign appearance with no swelling noted. Electrodiagnostic testing of May 21, 2014 was notable for mild right carpal tunnel syndrome. It was stated that the applicant should undergo an MRI of the elbow to rule out any internal derangement of the same. The diagnoses given were right elbow contusion and rule out cubital tunnel syndrome.

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: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33, 42.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, Table 4, page 42, MRI imaging is recommended for suspected ulnar collateral ligament tears. In this case, however, the applicant's presentation is consistent with cubital tunnel syndrome. There is no clear mention or suspicion of any ligamentous pathology for which MRI imaging might be indicated. It is further noted that the MTUS-adopted ACOEM Guidelines in Chapter 10, page 33 further state that criteria for ordering imaging studies include failure to progress in a rehabilitation program, evidence of significant tissue insult or neurologic dysfunction, an agreement by the applicant to undergo invasive treatment if the presence of a surgically correctible lesion is identified. In this case, however, the applicant is not a surgical candidate. There is no mention or indication that the applicant is considering or contemplating elbow surgery. There is, furthermore, no suspicion of a surgically correctible lesion present here which could be detected by MRI imaging. As noted previously, the attending provider has documented a stable, benign elbow exam on the office visit provided. Therefore, the request for MRI of the right elbow is not medically necessary and appropriate.