

Case Number:	CM14-0057123		
Date Assigned:	07/09/2014	Date of Injury:	08/09/2012
Decision Date:	09/09/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 chronic elbow and shoulder pain reportedly associated with an industrial injury of August 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier elbow tenotomy and debridement surgery in March 2013; and 12 sessions of postoperative physical therapy, per the claims administrator. In a Utilization Review Report dated April 11, 2014, the claims administrator denied a request for elbow MRI imaging, invoking non-MTUS ODG Guidelines. The claims administrator suggested that the attending provider instead obtained plain film imaging. The claims administrator did not, moreover, incorporate cited non-MTUS ODG Guidelines into its rationale. The applicant's attorney subsequently appealed. In an August 9, 2013 office visit, the applicant was described as having persistent complaints of elbow pain following lateral tenotomy, debridement, and repair surgery. The applicant was placed off of work, on total temporary disability. The attending provider stated that he would possibly consider repeat elbow surgery if the applicant failed to respond favorably to conservative measures. An earlier note of July 16, 2013 was notable for comments that the applicant was off of work, on total temporary disability, as of that point in time. In a medical-legal evaluation of March 29, 2014, the applicant was described as having persistent complaints of elbow pain secondary to lateral epicondylitis. The medical-legal evaluation suggested loose bodies in the elbow, radial head fracture, and/or possible ulnar nerve entrapment could also be diagnostic considerations. The medical-legal evaluation suggested that the applicant obtained electrodiagnostic testing, x-rays of the elbow, and MRI imaging of the elbow with contrast. It was noted that the applicant was continuing to smoke and was off of work. Electrodiagnostic testing of the left upper extremity of June 11, 2014 was notable for mild ulnar compression neuropathy. It appears that the applicant's primary treating provider did also

order MRI imaging of the elbow on April 4, 2014 to search for a re-tear of the partial extensor tendon of the elbow. There was no mention of the applicant's considering further elbow surgery, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Left Elbow: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 33, one of the cardinal criteria for ordering imaging studies of the elbow includes agreement by the applicant to undergo invasive treatment if the presence of a surgically correctable lesion is confirmed on said imaging study. In this case, there is, however, no agreement on the part of the applicant to undergo any further elbow surgery even if surgically correctable lesion were identified on elbow MRI imaging. The request appears to have been initiated by the primary treating provider on the recommendations of the medical-legal evaluator without reaching any consensus or agreement with the applicant to pursue a surgical remedy if a surgically correctable lesion was identified. Therefore, the request is not medically necessary.