

Case Number:	CM14-0087605		
Date Assigned:	07/23/2014	Date of Injury:	01/21/2013
Decision Date:	10/09/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/11/2014

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 Ohio and Texas. 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 33 year old male who reported an injury on 01/21/2013. The injury reportedly occurred while he was lifting. His diagnoses were listed as left carpal tunnel syndrome, right carpal tunnel syndrome, right elbow triceps tendonitis, right shoulder AC arthrosis, and right shoulder impingement and bursitis. The past treatment included ice therapy, home exercise, medication, chiropractic physiotherapy, and a corticosteroid injection to the right shoulder. The diagnostic study noted was an EMG on 02/05/2013 which was noted to indicate evidence of a bilateral median neuropathy at the wrist, consistent with carpal tunnel syndrome. There was a right shoulder surgery in July of 2013 documented. On 04/04/2014, the injured worker complained of pain in the right shoulder and right elbow. He reported that the pain was severe at times. He rated his right elbow pain at a 6/10. Upon physical examination, the injured worker was noted to have pain with overhead range of motion and positive Neer's and Hawkins test. Strength and sensory to right elbow were noted to be normal. Deep tendon reflexes for both were 2+ to biceps and triceps. The medications were listed as norco, ambien, lexapro, and prilosec. The treatment plan was to continue medications, follow work restrictions with lifting, ice therapy twice a day, home therapy every day, and an MRI of the right elbow. The rationale for the request was not provided. The request for authorization form was signed and submitted on 04/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). 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): 42-43.

Decision rationale: The request for an MRI of the right elbow is not medically necessary. The California MTUS/ACOEM Guidelines state that 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. The criteria for ordering imaging studies are in the emergence of a red flag, the imaging study will substantially change the treatment plan, failure to progress in a rehabilitation program, or evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. The injured worker complained of pain to his right elbow and rated it a 6/10. There was no decreased motor strength or decrease in sensation documented. In the absence of documentation with evidence of a period of at least 4-6 weeks of conservative care and the efficacy of the therapies, significant objective neurological deficits, and no evidence of emergence or red flag symptoms the request is not supported. Therefore, the request is not medically necessary.