

Case Number:	CM14-0104306		
Date Assigned:	09/16/2014	Date of Injury:	09/08/2011
Decision Date:	01/26/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/07/2014

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 Emergency 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:

This is a 53 year old female who suffered a work related injury on 09/08/2011. Diagnoses include pain in the joint of the upper arm, brachial neuritis or radiculitis, carpal tunnel syndrome, and synovitis and tenosynovitis. Treatment has included medications, ice, heat, and exercise, left carpal tunnel release, left ulnar nerve transposition. A physician report dated 06/06/2014 documents the injured worker complains of pain in both the right and left upper extremity. Pain is rated 5 out of 10, and is characterized as aching and sharp. Pain radiates to her neck, left shoulder, arm, forearm, wrist, and hand, and also right wrist and hand. Her left elbow has full flexion, pronation, and supination but unable to extend left arm, appears contracted. A surgical scar is present. Both wrists have a positive Phalen's sign. Carpal tunnel compression test is positive. There is painful range of motion with flexion and extension. Her grip in the right is 5/5, and on the left 4/5, wrist flexor's is 5/5 on the right and 4/5 on the left, wrist extensor's is 5/5 on the right and 4/5 on the left, finger extensor's is 5/5 on the right and 4/5 on the left. She has ongoing symptoms of pain and decrease in function in the left elbow. A Magnetic Resonance Imaging study is requested in order to rule out any structural pathology that might require surgery. Treatment request is for a repeat Magnetic Resonance Imaging of the left elbow. Per the September 5, 2014 report, the injured worker complains of pain to the neck, left shoulder left and right wrist. Exam findings included a left elbow with restricted extension range of motion. Utilization Review dated 07/01/2014 non-certified the request for a Magnetic Resonance Imaging of the left elbow citing California Medical Treatment Utilization Schedule/ACOEM. Last Magnetic Resonance Imaging was done on 01/01/2013. No records of last Magnetic Resonance Imaging were in the records reviewed. Neural claudication seems to be the problem currently. Other studies might be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM, Elbow Complaints Chapter, 2008 2nd Edition Revision (accepted into MTUS July 18, 2009), Chapter 10, Elbow Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 33-34

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM, Elbow Complaints Chapter, 2008 2nd Edition Revision (accepted into MTUS July 18, 2009), Chapter 10 Elbow Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 33-34, note "Criteria for ordering imaging studies are: - The imaging study results will substantially change the treatment plan. - Emergence of a red flag. - 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." The injured worker has pain to the neck, left shoulder left and right wrist. The treating physician has documented the left elbow with restricted extension range of motion. The treating physician has not documented exam evidence of red flag conditions to the elbow, acute clinical change since a previous imaging study, nor notation that the imaging study results will substantially change the treatment plan. The criteria noted above not having been met, MRI left elbow is not medically necessary.