MAXIMUS Federal Services

Case Number:	CM14-0122139		
Date Assigned:	08/06/2014	Date of Injury:	05/13/2013
Decision Date:	04/16/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 56 year old male, who sustained an industrial injury on May 13, 2013. The diagnoses have included carpal tunnel syndrome (median nerve entrapment at the right wrist), tendinitis/bursitis of the right hand/wrist, bursitis and tendinitis of the right shoulder, lateral epicondylitis of the right elbow, medial epicondylitis of the right elbow, sleep disorder, and tension headache. Treatment to date has included 11 physical therapy sessions, topical medication, and oral medication. Currently, the injured worker complains of right wrist and hand pain, right shoulder and right elbow pain. In a progress note dated June 18, 2014, the treating provider reports examination of the shoulders revealed tenderness to the right rotator cuff muscles and right upper shoulder muscles, positive speed test on the right, and supraspinatus test was positive on the right, elbows examination revealed spasm, tenderness to the right medial and lateral epicondyles, positive Cozen's test on the right and reverse Cozen's test positive on the right, wrists and hand examination revealed spasms, and tenderness to the right anterior wrist. Left wrist Jamar grip dynamometer readings were 62/64/60 and the right wrist Jamar grip dynamometer readings were 40/40/40. The treating provider ordered an MRI right elbow on June 18, 2014. On July 2, 2014, Utilization Review non-certified MRI of the right elbow based on ACOEM guidelines.

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 Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

Decision rationale: Per the ACOEM guidelines, for most injured workers (IW) with elbow problems, special studies are not needed unless there are red flags, or at least 4 weeks of conservative care fails to improve symptoms. In general, an imaging study may be an appropriate for an IW whose limitations due to consistent symptoms have persisted for at least 1 month, and surgery is being considered for a specific anatomic defect, or a potentially serious pathology needs to be evaluated (i.e. tumor). Based on the sparse provider's notes available, there is no indication of any red flags, failure of physical medicine treatment, or intent to undergo an invasive surgery. Therefore, the request for MRI of the right elbow is not medically necessary at this time.