

Case Number:	CM14-0202887		
Date Assigned:	12/15/2014	Date of Injury:	12/06/2004
Decision Date:	02/06/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Acupuncture & Pain 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 66 year old female continues to complain of right elbow symptoms and to request a repeat MRI study of her right elbow, status post arthroscopic debridement with excision of loose body and osteophytes of the right elbow on 11/21/2012, stemming from a work related fall injury reported on 12/6/2004. Diagnoses include osteoarthritis of the right elbow; status post debridement; and rotator cuff syndrome of the right upper extremity. Treatments have included consultations; diagnostic imaging with MRI; arthroscopic surgery; and medication management. The work status for this injured worker (IW) is noted to be permanent and stationary. On 11/13/2014 Utilization Review non-certified, for medical necessity, the request for a repeat MRI of the right elbow, status post arthroscopic surgery 1 year prior. The physician reviewer noted a repeated denial for this request; a denial upheld through the IMR process because clinical notes did not support any change in findings to meet ODG guidelines for elbow MRI; which recommend an MRI not be repeated unless a significant change in symptoms and or findings suggest that would suggest significant pathology. This review noted that follow-up reports did not note further excruciating pain or symptoms of internal derangement, or changes in pain and functional use of the right elbow, through serial and detailed examination reports, in the medical records provided for review. The Orthopedic progress notes, dated 11/5/2014, show subjective complaints of persistent symptoms in the right elbow with no response to long-term conservative treatments; no further detailed examination findings were noted. Objective findings included a described deficit in the extension of the right elbow, and an x-ray of the right elbow that noted advanced ulno-humeral osteoarthritis; no further details of findings were noted. The diagnosis was for rotator cuff syndrome and the treatment plan included a repeat MRI of the right elbow to rule out osteoarthritis progression prior to additional surgery, stating that the plain x-ray films were inadequate to delineate the pathology to rule out loose body and capsular contraction.

Ultram and Naprosyn were prescribed for pain and inflammation. The only other orthopedic progress notes available for my review are dated 6/11/2014. There no noted deviations in the subjective complaints, the documented objective findings, the diagnosis, or in the treatment plan and work status.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow - MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, MRIs.

Decision rationale: The MTUS was silent with regard to specific indications for elbow MRI. The ODG TWC was consulted. Per ODG TWC with regard to MRI of the elbow: Indications for imaging -- Magnetic resonance imaging (MRI): - Chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films nondiagnostic - Chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films - nondiagnostic - Chronic elbow pain, suspect unstable osteochondral injury; plain films nondiagnostic - Chronic elbow pain, suspect nerve entrapment or mass; plain films nondiagnostic - Chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic- Chronic elbow pain, suspect collateral ligament tear; plain films nondiagnostic- Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)The documentation submitted for review indicates that the injured worker has previously undergone x-ray which noted advanced ulno-humeral osteoarthritis. The primary physician stated that MRI of the right elbow was necessary to rule out osteoarthritis progressing vs 6/12 study, prior to consideration of additional surgery, and that plain films were inadequate to delineate pathology (r/o loose body, capsular contraction). The documentation does not indicate interval changes in pain or functional use, furthermore, comprehensive elbow exam findings and plain films were not submitted. Medical necessity cannot be affirmed.