

Case Number:	CM14-0038127		
Date Assigned:	06/25/2014	Date of Injury:	01/07/2014
Decision Date:	01/20/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/01/2014

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 elbow pain reportedly associated with an industrial strain injury of January 7, 2014. In a Utilization Review Report dated March 3, 2014, the claims administrator failed to approve a request for an elbow MRI. Non-MTUS Third Edition ACOEM Guidelines were cited at the bottom of the report, although the claims administrator did not incorporate said guidelines into its rationale. The claims administrator stated that its decision was based on February 25, 2014 progress note and teleconference to the attending provider. The applicant subsequently appealed. In a handwritten note dated March 12, 2014, the applicant reportedly had persistent pain at the cubital fossa. Additional physical therapy and acupuncture were sought. The applicant was returned to regular duty work. A handwritten surgery consultation was sought. The previously denied MRI imaging was appealed. The applicant did exhibit tenderness at the cubital fossa and at the distal biceps tendon. No epicondylar tenderness was noted. The attending provider stated that the applicant was not currently working at the top of the report, but seemingly suggested that he was returning the applicant to regular duty work at the bottom of the report. In an earlier February 25, 2015 RFA form, MRI imaging of the elbow was also previously sought, again using pre-printed check boxes. The stated diagnosis was that of elbow sprain. A rather proscriptive 10-pound lifting limitation was endorsed.

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 ACOEM Chapter on Hand Wrist and Forearm Disorders

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

Decision rationale: As noted in the MTUS Guidelines in ACOEM Chapter 10, page 33, Criteria for ordering imaging studies include evidence that the imaging study result will substantially change or alter the treatment plan, emergence of a red flag, and/or evidence of failure to progress in a rehabilitation program with evidence of significant tissue insults or neurologic dysfunction, which has been shown to be correctable by invasive treatment, with agreement by the applicant to undergo invasive treatment if the presence of a surgically correctable lesion is confirmed. In this case, however, the attending provider's handwritten progress notes and pre-printed check-boxes had not clearly outlined what was sought. It was not clearly stated what was expected. It was not clearly stated how the proposed elbow MRI would influence or alter the treatment plan. There was no mention of the applicant's willingness to undergo any kind of surgical intervention based on the results of the same. Therefore, the request is not medically necessary.