

Case Number:	CM14-0072458		
Date Assigned:	07/16/2014	Date of Injury:	03/25/2008
Decision Date:	07/09/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 03/25/2008. He has reported injury to the neck, bilateral hands bilateral arms, bilateral knees, and back. The diagnoses have included trapezial and paracervical strain; bilateral forearm tendonitis; right shoulder impingement with high grade partial thickness rotator cuff and labral tears; right knee injury; status post right cubital tunnel release, carpal tunnel release, and ulnar nerve decompression at the wrist; and status post left cubital tunnel release, carpal tunnel release, and ulnar nerve decompression at the wrist. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Naproxen and Methoderm gel. A progress note from the treating physician, dated 04/22/2014, documented a follow-up visit with the injured worker. The injured worker reported continued pain in the right elbow and shoulder; and therapy has been helping. Objective findings included positive impingement sign at the right shoulder; tenderness over the medial and anterior aspect of the right elbow; pain with range of motion at the right elbow; and grip strength is diminished. The treatment plan has included the request for MRI of the right elbow.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines - elbow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Elbow (acute & chronic) chapter, MRIs.

Decision rationale: The patient presents with RIGHT elbow and shoulder pain. The request is for MRI OF THE RIGHT ELBOW. The request for authorization is not provided. The patient is status-post bilateral cubital tunnel release, carpal tunnel release, and ulnar nerve compression at the wrist, date unspecified. Physical examination reveals there is tenderness over the medial and anterior aspect of the RIGHT elbow. There is pain with range of motion at the RIGHT elbow. Grip strength is diminished. He is to continue on his non-steroidal anti-inflammatory medications and lotions for his chronic pain and inflammation. Patient's medications include Naproxen and Methoderm Gel. Per progress report dated 05/12/15, the patient is on modified work. ODG guidelines, chapter 'Elbow (acute & chronic)' and topic 'MRIs', recommends the imaging studies when there is "Chronic elbow pain, suspect chronic epicondylitis; plain films non-diagnostic. 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)." Per progress report diagnosis dated 04/22/14, treater's reason for the request is "Rule out right distal biceps tendon injury." In this case, it appears the MRI of the RIGHT elbow has been performed on 04/25/15, prior to authorization. An MRI can help the treater plan future treatments. ODG guidelines support MRIs in patient with chronic elbow pain, which the patient presents with. Review of provided reports do not indicate any prior MRI. Therefore, this request WAS medically necessary.