

Case Number:	CM15-0006280		
Date Assigned:	01/26/2015	Date of Injury:	05/05/2014
Decision Date:	03/17/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 48 year old female sustained an industrial injury on 5/5/14 with subsequent neck and bilateral elbow and wrist pain. In an initial orthopedic evaluation dated 11/17/14, the injured worker complained of neck and bilateral upper extremity pain 4-6 out of 10 on the visual analog scale. Current diagnoses included bilateral carpal tunnel syndrome and bilateral lateral epicondylitis. The treatment plan included magnetic resonance imaging and x-ray of the elbows and wrists, wrist brace, EMG/NCV of bilateral upper extremities, functional capacity evaluation, acupuncture once a week times four weeks, chiropractic care twice a week times four weeks and a prescription for a topical compound cream. Magnetic resonance imaging right wrist (12/10/14) showed an intraosseous ganglion cyst. Magnetic resonance imaging left elbow (12/10/14) showed a humeroulnar joint effusion. Magnetic resonance imaging right elbow (12/10/14) showed lateral epicondylitis and humeral ulnar and radiocapellar joint effusions. On 1/5/15, Utilization Review noncertified a request for retrospective request for MRI (magnetic resonance imaging) of the right elbow (DOS: 12/13/2014) citing ACOEM guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for MRI (magnetic resonance imaging) of the right elbow (DOS: 12/13/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective MRI right elbow date of service December 13, 2014 is not medically necessary. Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial or median nerve or masses about the elbow joint. Epicondylitis (lateral epicondylitis -tennis elbow or medial epicondylitis in pictures, golfers and tennis players) is a common clinical diagnosis and MRI is usually not necessary. The indications for MRI are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic elbow pain, suspect intra-articular osteocartilaginous body, plain films nondiagnostic; suspect occult injury, plain films nondiagnostic; suspect nerve entrapment plain films nondiagnostic; suspect chronic epicondylitis, plain films nondiagnostic, etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. In this case, the injured worker's working diagnosis is bilateral carpal tunnel syndrome. Prior treatments include therapy, anti-inflammatories and split. None of these treatments were beneficial. EMG/NCV were consistent with a carpal tunnel syndrome. Subjectively, the injured worker complains of bilateral hand numbness, tingling and weakness. Pain is 7-9/10. The injured worker has trouble performing her ADLs due to constant numbness of the hands. There were no elbow complaints. Objectively, there is tenderness over the first dorsal compartment of the wrist. Tinel's and Phalen's sign positive. Median compression test was positive. Motor strength was 5/5 bilaterally in the upper extremities. There was no physical examination of the right elbow documented. The documentation does not contain a clinical indication or rationale in the absence of subjective or objective complaints of the right elbow. Consequently, absent clinical documentation with subjective and objective complaints referencing the right elbow with no clinical indication for the rationale, retrospective MRI right elbow date of service December 13, 2014 is not medically necessary.