

Case Number:	CM15-0107036		
Date Assigned:	06/12/2015	Date of Injury:	03/28/2013
Decision Date:	07/16/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 50-year-old who has filed a claim for chronic elbow, shoulder, wrist, hand, low back, and finger pain associated with an industrial injury of March 28, 2013. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve a request for left and right elbow MRI studies. An April 3, 2015 progress note and associated RFA form of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On May 1, 2015, the applicant was placed off of work, on total temporary disability, while extracorporeal shockwave therapy was sought for the shoulders, elbows, wrists, and ankles. The note was highly templated and somewhat difficult to follow. Multifocal complaints of elbow pain, shoulder pain, wrist pain, hand pain, finger pain, foot pain, ankle pain, and low back pain were reported. The applicant also had ancillary complaints of headaches. MRI of the bilateral shoulders, bilateral elbows, and bilateral wrists were ordered. It was not clearly stated what was sought. It was not clearly stated what was suspected. The applicant did exhibit tenderness about the bilateral lateral epicondyles, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

Decision rationale: No, the proposed MRI of the right elbow was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 10, Table 4, MRI imaging is "recommended against" for suspected epicondylalgia, i.e., the operating diagnosis present here. The attending provider did not, moreover, state how the proposed elbow MRI would influence or alter the treatment plan. The fact that bilateral elbow MRIs, bilateral shoulder MRIs, and bilateral wrist MRIs were concurrently ordered implied that the attending provider was ordering these tests for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.

MRI of left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

Decision rationale: Similarly, the request for MRI imaging of the left elbow was likewise not medically necessary, medically appropriate, or indicated here. The stated diagnosis involving the left elbow here was that of lateral epicondylitis. However, the MTUS Guidelines in ACOEM Chapter 10, Table 4, page 42 states that MRI imaging is "recommended" for applicants with suspected epicondylalgia, i.e., the operating diagnosis here. As with the preceding request, the attending provider did not clearly state how the elbow MRI would influence or alter the treatment plan. The attending provider did not, in short, furnish any narrative commentary, which would offset the unfavorable ACOEM position on the article at issue for the diagnosis in question. It was not stated how (or if) elbow MRI would influence or alter the treatment plan. Therefore, the request was not medically necessary.