

Case Number:	CM15-0141642		
Date Assigned:	07/31/2015	Date of Injury:	10/20/2014
Decision Date:	08/28/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old male sustained an industrial injury to bilateral elbows, hands, wrists and forearms on 10-20-14. Electromyography and nerve conduction velocity test of bilateral upper extremities (1-18-15) showed mild to moderate bilateral entrapment of the ulnar motor and sensory nerves at the olecranon groove and mild bilateral carpal tunnel syndrome at the wrists. Previous treatment included physical therapy, acupuncture, chiropractic therapy and medications. In a comprehensive initial orthopedic consultation dated 4-10-15, the injured worker complained of bilateral elbow pain with radiation down to the hands associated with numbness, tingling, swelling, weakness, catching, locking and grinding. The injured worker also complained of pain to the neck, hip and arms. The injured worker rated his pain 7 out of 10 on the visual analog scale. The injured worker reported having trouble lifting due to pain in the back, hip, arms and elbows. Physical exam was remarkable for bilateral elbows with tenderness to palpation, normal range of motion, positive left Cozen's test, bilateral upper extremities with normal sensation and motor strength and bilateral wrists with normal range of motion and negative Phalen's, Finkelstein's and Tinel's tests. Current diagnoses included bilateral elbow tendinitis, bilateral wrist tendinitis and complaints of neck pain with radicular symptoms. The physician noted that the injured worker had had extensive conservative treatment but remained symptomatic with ongoing elbow pain. The physician stated that he suspected tendinitis as the only source. If magnetic resonance imaging confirmed tendinitis, the physician could offer lateral release. The physician was requesting magnetic resonance imaging of bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, bilateral elbows: 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).

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

Decision rationale: The claimant sustained a work-related injury in October 2014 and is being treated for bilateral upper extremity pain. Electro diagnostic testing in January 2015 was positive for mild to moderate cubital tunnel syndrome and mild carpal tunnel syndrome. When seen, he was having radiating elbow pain to the hands. He had elbow weakness with catching and locking, and grinding. Physical examination findings included right lateral and left medial epicondyle tenderness. There was normal range of motion. Cozen's test was positive on the left side. No records were available for review and no x-rays were obtained. Applicable indications for obtaining an MRI of the elbow include chronic pain conditions when plain film x-ray is nondiagnostic. In this case, there are no described plain film x-ray results. There is no evidence of failure of available conservative treatments for epicondylitis and testing is requested for surgical planning which is not indicated. MRI scans are not medically necessary.