

Case Number:	CM15-0145664		
Date Assigned:	08/06/2015	Date of Injury:	12/15/2008
Decision Date:	09/22/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/27/2015

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, Hawaii
 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 52-year-old female who sustained an industrial injury on 12-15-08. In a progress report dated June 2015, the treating physician notes subjective complaints of bilateral elbow pain. There is tenderness of the medial and lateral aspect of bilateral elbows. Tinel's sign is positive. The diagnoses are 3.7 mm disc extrusion cervical spine, impingement syndrome bilateral shoulders, right greater than left, tennis elbow bilateral- right greater than left, carpal tunnel syndrome bilateral- right greater than left, status post arthroscopy right shoulder, depression-situational, insomnia unspecified, gastrointestinal problems, and cubital canal syndrome right elbow. Previous treatment includes acupuncture, medications, physical therapy, right shoulder arthroscopy, and use of a transcutaneous electrical nerve stimulator unit. The work status noted on 3-31-15 is to remain off of work for 4 weeks. The requested treatment is an MRI of the right elbow, electromyography-nerve conduction studies of the bilateral upper extremities, ultra-scan of the right elbow, and ultra-scan of the left 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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the bilateral elbow. The current request is for MRI of the right elbow. The treating physician states in the report dated 6/9/15, "MRI Scan of the right elbow to rule out internal derangement." (15B) The ODG Guidelines support elbow MRIs for patients who have chronic elbow pain and intra-articular osteocartilaginous body, occult injury, unstable osteochondral injury, nerve entrapment or mass, chronic epicondylitis, collateral ligament tear, or biceps tendon tear and/or bursitis is suspected. In this case, the treating physician has documented a need to rule out internal derangement and in the records provided for review it does not appear that the patient has had an MRI scan of the elbow done prior. The current request is medically necessary.

EMG/NCV of the bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Online Upper Back chapter: EMGs (electromyography)).

Decision rationale: The patient presents with pain affecting the bilateral elbow. The current request is for EMG/NCV of the bilateral upper extremity. The treating physician states in the report dated 6/9/15, "EMG/NCV of the bilateral upper extremities to rule out Radial Tunnel Syndrome." (15B) The ODG Guidelines support EMG testing if the patient has had a diagnosis of radiculopathy. In this case, the treating physician has never documented any radicular complaints from the patient. The current request is not medically necessary.

Ultra-scan 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 Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow, Ultrasound, diagnostic (imaging).

Decision rationale: The patient presents with pain affecting the bilateral elbow. The current request is for Ultra-scan of the left elbow. The treating physician states in the report dated 6/9/15, "Right/left Ultra-scan as per [REDACTED] (15B) [REDACTED] 2/18/15 report states, "I would also like to review an Ultrasound of both elbows. (62B) The ODG Guidelines support ultrasounds if the patient has chronic elbow pain and either nerve entrapment or mass or biceps tendon tear and/or bursitis is suspected. In this case, the treating physician has not provided any documentation showing suspicion of nerve entrapment or biceps tearing. There is no clinical justification provided for this request. The current request is not medically necessary.

Ultra-scan of the Left elbow: 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 ODG, Elbow, Ultrasound, diagnostic (imaging).

Decision rationale: The patient presents with pain affecting the bilateral elbow. The current request is for Ultra-scan of the left elbow. The treating physician states in the report dated 6/9/15, Right/left Ultra-scan as per [REDACTED] (15B) [REDACTED] 2/18/15 report states, "I would also like to review an Ultrasound of both elbows. (62B) The ODG Guidelines support ultrasounds if the patient has chronic elbow pain and either nerve entrapment or mass or biceps tendon tear and/or bursitis is suspected. In this case, the treating physician has not provided any documentation showing suspicion of nerve entrapment or biceps tearing. There is no clinical justification provided for this request. The current request is not medically necessary.