MAXIMUS Federal Services

Case Number:	CM15-0163130		
Date Assigned:	08/31/2015	Date of Injury:	11/12/1996
Decision Date:	10/05/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/19/2015

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
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:

This is a 55 year old female with a November 12, 1996 date of injury. A progress note dated July 23, 2015 documents subjective complaints (continues to have pain at the medial epicondyle insertion point of the flexor tendons and at the triceps insertion), objective findings (healing incision of the left elbow; positive Tinel's over the transposed ulnar nerve; decreased sensation to touch of the pinky; pain with direct palpation at the medial epicondyle; pain to the medial epicondyle with resisted wrist flexion; pain with direct palpation at the insertion site of the triceps tendon), and current diagnoses (left elbow pain; cubital tunnel syndrome; chronic lateral epicondylitis; left medial epicondylitis; left triceps insertional pain). Treatments to date have included cubital tunnel release, tennis elbow release, multiple carpal tunnel releases, left ulnar nerve transposition on March 18, 2015, postoperative physical therapy, and medications. The treating physician documented a plan of care that included magnetic resonance imaging 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 without intra articular contrast (left elbow): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (20th Annual Edition) & ODG Treatment in Workers' Comp (13th Annual Edition), 2015, Elbow Chapter - MRI.

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) chapter under MRI's.

Decision rationale: The 55 year old patient complains of improving left lateral elbow pain, ongoing triceps pain, and medial epicondylar pain, as per progress report dated 07/23/15. The request is for MRI WITHOUT INTRA ARTICULAR CONTRAST (LEFT ELBOW). There is no RFA for this case, and the patient's date of injury is 11/12/96. The patient is status post left submuscular ulnar nerve transposition, as per operative report dated 03/18/15. The patient is also status post multiple carpal tunnel release surgeries, status post left lateral epicondylar repair in 2009, status post right lateral epicondylar repair in 2012, and status post left cubital tunnel release in November, 2013, as per progress report dated 07/23/15. Diagnoses included left elbow pain, left medial epicondylitis, and left triceps insertional pain. Medications including Voltaren gel, Ibuprofen and Norco. In progress report dated 07/14/15, the orthopedic surgeon evaluating the patient's recovery after left submuscular ulnar nerve transposition on 03/18/15, indicates that the patient full active and passive range of motion of digits and elbow. The patient is on modified duty, as per progress report dated 07/23/15. ODG guidelines Elbow (acute & chronic) chapter under MRI's states: Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. In this case, none of the progress reports document prior MRI of the left elbow. A request for MRI with arthrogram is noted in progress report dated 07/23/15. The treater states that the procedure will help "assess why she is experiencing pain at the triceps insertion site. This may possibly be due to arthritis of olecranon fossa." The treater also states that gadolinium contrast will provide greater detail. The patient is experiencing left triceps insertional pain and physical examination reveals pain with direct palpation in the region. ODG guidelines also support the use of MRIs in patients with chronic elbow pain. Hence, the current request for an MRI appears reasonable and IS medically necessary.