

Case Number:	CM15-0181001		
Date Assigned:	09/22/2015	Date of Injury:	08/01/2013
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/14/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 a 31 year old male, who sustained an industrial injury on 8-1-13. He is diagnosed with post carpal tunnel release. His work status is modified duty; however, the employer cannot accommodate modified duty he is therefore, not working. A note dated 8-13-15 reveals the injured worker presented with complaints of persistent right wrist pain described as dull and rated at 5-7 out of 10. The pain is increased by lifting, pushing and pulling. A note dated 7-2-15 reveals complaints of bilateral wrist pain. He reports he experiences hand and forearm numbness after flexing the right elbow for a few minutes. A note dated 6-24-15 reveals complaints of bilateral elbow and bilateral wrist pain that is associated with cramping into his hands bilaterally and is rated at 8 out of 10 at its worst. Driving, activities of daily living (dressing and bathing) and physical therapy weight exercises increase his pain and it is improved by medication, ice and rest. A physical examination dated 8-13-15 revealed mild two point discrimination sense loss, especially with the Phalen's maneuver in the right wrist. Right wrist range of motion is normal and the radial and ulnar nerves are intact. His grip strength is slightly diminished. An examination dated 6-24-15 revealed bilateral weakness in the wrist extension, finger abduction and thumb abduction and decreased pinwheel sensation in the hands bilaterally. The bilateral elbow medial epicondyle and flexor tendon and lateral epicondyle and extensor tendon masses were moderately tender to palpation. The Tinel's and Phalen's test are positive in the right elbow and negative in the left elbow. Treatment to date has included bilateral wrist carpal tunnel release, medications (Ultram and Ibuprofen), bracing and home exercise program. A physical therapy dated 4-30-15 improved right grip, but significantly less than left grip. Diagnostic studies to date have included electrodiagnostic studies. A request for authorization dated 8-21-15 for bilateral elbows MRI is non-certified, per Utilization Review letter dated 8-28-15.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Recommendations, Lateral Epicondylalgia, Medial Epicondylalgia.

Decision rationale: CA MTUS/ACOEM Chapter 10, Elbow Complaints, recommends imaging studies of the elbow when results will substantially change the treatment plan, emergence of a red flag, there is failure to progress in a rehabilitation program, there is evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Specifically, MRI of the elbow is recommended for suspected ulnar collateral ligament tears. According to table 44 in the guidelines, MRI is not recommended for epicondylalgia. In this case, the documentation from 6/24/15 demonstrates exam findings consistent with epicondylitis. There are no mechanical symptoms and no instability on examination. The guideline does not support use of MRI in this situation. Therefore the request for bilateral elbow MRI's is not medically necessary.