

Case Number:	CM15-0191760		
Date Assigned:	10/05/2015	Date of Injury:	08/03/2014
Decision Date:	11/12/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/29/2015

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: Family Practice

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 50 year old female, who sustained an industrial injury on 08-03-2014. She has reported injury to the right elbow. The diagnoses have included right elbow medial epicondylitis; compensatory injury, of the left elbow with the diagnosis of sprain; left elbow lateral epicondylitis; and left little finger sprain to the PIP (proximal interphalangeal) joint. Treatment to date has included medications, diagnostics, physical therapy, cortisone injection, platelet-rich plasma injection, and activity modification. Medications have included Naprosyn, Norco, Cymbalta, and Omeprazole. A progress report from the treating provider, dated 06-04-2015, documented an evaluation with the injured worker. The injured worker reported that her main complaint is right elbow pain, but she is also complaining about her left little finger; she has had physical therapy which did not help; she had a cortisone injection to the elbow but this also did not help; she has returned to work with restrictions of not using her right upper extremity; a platelet-rich plasma injection made things worse; and about two and one-half months ago, she got her left little finger stuck and she developed immediate pain and swelling. Objective findings included decreased ranges of motion of the right elbow; there is significant pain to palpation over the medial epicondyle with a positive provocative test for medial epicondylitis; there is a slightly positive Tinel sign over the ulnar nerve; examination of the left elbow reveals normal range of motion without significant tenderness medially or laterally; and the left little finger has swelling at the PIP joint. The treatment plan has included the request for OT (occupational therapy) eight sessions for the right elbow; and MRI of the right elbow. The original utilization review, dated

09-16-2015, non-certified the request for OT (occupational therapy) eight sessions for the right elbow; and MRI of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT (Occupational Therapy) eight sessions for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

Decision rationale: The MTUS/Postsurgical Treatment Guidelines comment on the use of physical therapy for the treatment of medial epicondylitis. These guidelines state the following: Medial epicondylitis/Golfers' elbow (ICD9 726.31): Postsurgical treatment: 12 visits over 12 weeks *Postsurgical physical medicine treatment period: 6 months. In this case, the records indicate that the patient has already received 16 sessions of physical therapy to the right elbow. There is insufficient documentation as to the objective outcomes of these prior sessions. Specifically, there is insufficient documentation that the outcome of these 16 prior sessions was associated with functional improvement. Further, there is insufficient documentation as to the date of the prior surgical treatment to determine if the 6 month time frame still applies. For these reasons, 8 sessions of occupational therapy for the right elbow is not medically necessary.

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

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

Decision rationale: The MTUS/ACOEM Guidelines comment on the criteria for ordering imaging studies of the elbow in patients with medial epicondylitis. Imaging studies are appropriate when: The imaging study results will substantially change the treatment plan. Emergence of a red flag. Failure to progress in a rehabilitation program, 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. These guidelines also recommend consideration for electrodiagnostic studies in the following circumstances: Electromyography (EMG) study if cervical radiculopathy is suspected as a cause of lateral arm pain and that condition has been present for at least 6 weeks. Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. In this case there is insufficient documentation to support the need for MRI imaging at this time. There is no documented red flag sign or symptom in the assessment that led to the request for an MRI. The neurologic exam shows full strength and sensation; and no clear signs of a nerve entrapment. While the record

suggests surgical consideration; the request is nonspecific in what type of surgical correction is being considered that would require an MRI study. Given these above cited MTUS guidelines, MRI imaging of the right elbow is not medically necessary at this time.