

Case Number:	CM15-0200166		
Date Assigned:	10/15/2015	Date of Injury:	06/16/2013
Decision Date:	11/25/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/12/2015

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: Preventive Medicine, Occupational Medicine

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 57 year old male, who sustained an industrial injury on 6-16-13. Medical records indicate that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome, lateral epicondylitis, carpal tunnel syndrome and cervicgia. The injured worker is currently not working. On (8-19-15) the injured worker was noted to be status-post left carpal tunnel release surgery (8-5-15). The injured worker was attending physical therapy which was noted to be significantly helpful. The injured worker also noted a new onset of right elbow lateral sided pain. Examination of the right elbow revealed tenderness to palpation over the extensor region and pain with long finger resisted extension. Range of motion was noted to be full. Treatment and evaluation to date has included medications, splinting, electrodiagnostic studies, right elbow x-rays, physical therapy (12), acupuncture treatments (unspecified amount), home exercise program, right carpal tunnel release surgery on 3-4-15 and left carpal tunnel release surgery on 8-5-15. The treating physician noted that the right elbow x-rays revealed no bony or joint abnormalities, no joint space narrowing or evidence of a fracture. Current medications include Voltaren 1 % gel. The request for authorization dated 9-28-15 included requests for an MRI of the right elbow without contrast and acupuncture treatments one time a week for six weeks for the right elbow. The Utilization Review documentation dated 10-5-15 non-certified the requests for an MRI of the right elbow without contrast and acupuncture treatments one time a week for six weeks for the right 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 without Contrast: 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: Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria.

Decision rationale: MTUS Guidelines recommend imaging studies of the elbow for the following indications: 1) the imaging study results will substantially change the treatment plan. 2) Emergence of a red flag. 3) Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctable lesion is confirmed. For most patients presenting with elbow problems, special studies are not necessary unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There are a few exceptions to the rule to avoid special studies absent red flags in the first month, which include: 1) Plain-film radiography to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis. 2) 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. 3) 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. For patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings. In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases: 1) when surgery is being considered for a specific anatomic defect. 2) To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. The medical reports do not provide evidence that the injured worker has completed a complete course of physical therapy or failed with other, more conservative, treatments. There are no reported conditions that support the use of MRI within the recommendations of the MTUS Guidelines, therefore, the request for MRI of the right elbow without contrast is not medically necessary.

Acupuncture once weekly for 6 weeks for the right lateral epicondyle: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain. An initial three to six treatments at a frequency of one to three times per week is sufficient to produce functional improvements. If functional improvement results from the use of acupuncture treatments, then they may be extended. The optimum duration of acupuncture treatments is one to two months. In this case, the injured worker has participated in acupuncture treatments previously without objective evidence of functional improvement, therefore, the request for acupuncture once weekly for 6 weeks for the right lateral epicondyle is not medically necessary.

