MAXIMUS Federal Services

Case Number:	CM15-0202115		
Date Assigned:	10/19/2015	Date of Injury:	11/26/2012
Decision Date:	11/30/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/14/2015

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: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 44 year old female who sustained an industrial injury on 11-26-2012. According to a progress report dated 09-09-2015, the injured worker was seen in follow-up concerning her right elbow. She reported that the injection provided on 06-24-2015 provided good relief of her symptoms for a few weeks, but they soon returned. She had recurrent, significant activity-limiting elbow pain. She was status post right elbow extensor origin debridement and repair on 12-05-2013. Right elbow exam demonstrated pain at the common extensor origin with gripping and wrist extension, no crepitus, no instability, no deformity, no swelling and no ecchymosis. Neurovascular was intact. Incision was well healed with no erythema. Passive and active range of motion was normal with flexion, extension, pronation and supination. Muscle strength was 5 with flexion extension, pronation and supination. Resisted wrist dorsiflexion caused no elbow pain. AP, lateral and radial head radiographs of the affected elbow revealed no degenerative changes. No fracture or dislocation was noted. Overall bone quality was noted to be normal. Impression included status post right elbow lateral epicondyles extensor origin release and repair. The treatment plan included MRI of the right elbow. On 09- 17-2015, Utilization Review non-certified the request for 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:

MRI of right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), MRI's.

Decision rationale: ACOEM states, Criteria for ordering imaging studies are: 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. 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: When surgery is being considered for a specific anatomic defect. To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. ACOEM further recommends MRI for suspected ulnar collateral ligament tears and recommends against MRI for suspected epicondylgia. ODG writes regarding elbow MRI, Recommended as indicated below. 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. There is a lack of studies showing the sensitivity and specificity of MR in many of these entities; most of the studies demonstrate MR findings in patients either known or highly likely to have a specific condition. Epicondylitis (lateral, "tennis elbow" or medial, in pitchers, golfers, and tennis players) is a common clinical diagnosis, and MRI is usually not necessary. Magnetic resonance may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. Indications for imaging Magnetic resonance imaging (MRI): Chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films nondiagnostic; Chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films, nondiagnostic; Chronic elbow pain, suspect unstable osteochondral injury; plain films nondiagnostic; Chronic elbow pain, suspect nerve entrapment or mass; plain films nondiagnostic; Chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic; Chronic elbow pain, suspect collateral ligament tear; plain films nondiagnostic; Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The medical records do not indicate any of the red flags that are indicative for an emergency. Plain film radiographs are reported as normal in the medical record and physical examination reported pain but no decrease in strength or range of motion. The available medical record notes only epicondylitis as a current diagnosis. Guidelines state specifically not MRI is generally not necessary for epicondylitis. The treatment notes do not provide a clear indication or any extenuating circumstances that would require MRI. As such, the request for Magnetic Resonance Imaging (MRI) of the right elbow is deemed not medically necessary.