

Case Number:	CM15-0207454		
Date Assigned:	10/26/2015	Date of Injury:	06/19/2014
Decision Date:	12/08/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/21/2015

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 52 year old female injured worker suffered an industrial injury on 6-19-2014. The diagnoses included multiple injuries to the cervical spine, right shoulder and right upper extremity, right ulnar neuropathy, cubital tunnel with atrophy, right ulnar neuritis and right medical neuropathy. On 8-28-2015 the provider reported achiness to the right hand on the palm side, dull throbbing pain to the outside of the elbow, more right forearm muscle loss to the inner aspect towards the elbow and considerable increased pain to the right palm. On exam there was positive medical nerve compression test and Tinel's sign, positive tenderness and sportive Tinel's test along the ulnar nerve right cubital tunnel, irregular atrophy of soft tissue of the forearm and decreased light touch sensation of the ulnar nerve distribution. Medications in use were Voltaren, Lunesta, topical preparations and Ultracet. Request for Authorization date was 8-28-2015. Utilization Review on 9-18-2015 determined non-certification for MRI (Magnetic Resonance Imaging) for the right elbow, quantity: 1 and Orthopedic spine specialist consultation for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) for the right elbow, quantity: 1: 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 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. The request for MRI (Magnetic Resonance Imaging) for the right elbow, quantity: 1 is not medically necessary.

Orthopedic spine specialist consultation for cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, there is no rationale included such as expected outcomes of a referral request. Additionally, it is not clear that the injured worker has failed with conservative measure of treatment. The request for orthopedic spine specialist consultation for cervical spine is not medically necessary.