MAXIMUS Federal Services

Case Number:	CM15-0209315		
Date Assigned:	10/28/2015	Date of Injury:	06/29/2015
Decision Date:	12/15/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/23/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal 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 was a 46 year old female, who sustained an industrial injury, June 29, 2015. The injured worker was undergoing treatment for cervical sprain and or strain and right elbow sprain and or strain. According to progress note of September 21, 2015, the injured worker's chief complaint was cervical spine and right elbow pain. The injured worker neck pain was rated at 4-5 out of 10 with stiffness and occasional burning sensation. The injured worker reported Flexion and rotational movements to the left caused pain in the cervical spine, mainly on the left side. The right elbow pain was rated at 5 out of 10 with swelling, locking and weakness. The pain increased with prolonged positioning or twisting of the arm. The objective findings noted C6 to T2 tenderness with palpation. There were spasms of the scalene and trapezius muscles bilaterally. The facet tenderness was positive on the left. The cervical distraction was positive on the left. The range of motion was painful. There was tenderness with palpation of the C4-C5 spinous processes and C5-C6 spinous process and C6-C7 spinous processes. The right elbow noted tenderness to palpation of the right biceps and elbow areas with swelling at the medial region of the right elbow. Lateral epicondyle, medial epicondyle, Cozens and elbow flexion test were positive for pain in the right elbow. The cubital tunnel and Tinel's test were positive. The range of motion was decreased and painful. There was tenderness to palpation of the lateral epicondyle, medical epicondyle and olecranon process. The Cozen's test caused pain. The Valgus testing caused pain The Mill's testing caused pain. The injured worker previously received the following treatments Tylenol, cervical spine x-rays of September 21, 2015 showed no acute bony abnormality and x-rays of the right elbow on September 21, 2015 which showed no bony

abnormality. The RFA (request for authorization) dated September 21, 2015, the following treatments were requested a right elbow MRI, x-rays of the cervical spine and x-rays of the right elbow. The UR (utilization review board) denied certification on September 29, 2015; for the right elbow MRI, x-rays of the cervical spine and x-rays 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 right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Recommendations, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the MTUS, an MRI is appropriate when there is evidence of neurologic dysfunction, when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology, such as a tumor. In this case the documentation doesn't support that the patient has had any joint laxity or neurologic dysfunction. There is no mention of surgical planning. The documentation doesn't support any red flag symptoms. The request for an elbow MRI is not medically necessary.

X-rays cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Radiography (X-rays) section.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM, x-rays are medically necessary when there is an emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Neck and Upper Back Complaints, Failure to progress in a strengthening program intended to avoid surgery or Clarification of the anatomy prior to an invasive procedure. In this case the patient had previous imaging with x-rays in 6/29/15. The documentation doesn't support that there has been any change regarding chronic pain or physical exam, the request for x-rays is not medically necessary.

X-ray right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Recommendations, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM, x-rays are medically necessary when there is an emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Neck and Upper Back Complaints, Failure to progress in a strengthening program intended to avoid surgery or Clarification of the anatomy prior to an invasive procedure. In this case the patient had previous imaging with x-rays in 6/29/15. The documentation doesn't support that there has been any change regarding chronic pain or physical exam, the request for x-rays is not medically necessary.