MAXIMUS Federal Services

Case Number:	CM15-0020147		
Date Assigned:	02/09/2015	Date of Injury:	12/28/2013
Decision Date:	04/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/03/2015

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, Indiana, New York
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 is a 50 year old female, who sustained an industrial injury on December 28, 2013. She reported injury of the left elbow, left shoulder, left wrist and hand. The injured worker was diagnosed as having carpal tunnel syndrome, joint derangement of the shoulder, and cubital tunnel syndrome. Treatment to date has included medications, x-rays, and cortisone injections. On January 7, 2015, she presents with complaints of constant pain in the left elbow, frequent pain in the left shoulder, and constant pain in the left wrist/hand. Physical findings revealed are tenderness over the elbow, positive Tinel's, tenderness over the left shoulder area, positive Hawkins, and tenderness over the left wrist and positive Tinel's. The treatment plan includes refilling medications, request of electrodiagnostic studies, request of left elbow magnetic resonance imaging, and request of left wrist/hand magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow disorders, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the left elbow is not medically necessary. MR imaging may provide important diagnostic information for evaluating the adult elbow including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendon, abnormality of ulnar, radial or median nerve, and for masses about the elbow joint. Indications for imaging are enumerated in the official disability guidelines. They include, but are not limited to, chronic elbow pain suspect intra-articular osteocartilaginous body with nondiagnostic plain films, osteochondral injury, suspect unstable osteochondral injury, suspect nerve entrapment, suspect chronic epicondylitis, suspect collateral ligament tear, etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; joint derangement NOS-shoulder; and cubital tunnel syndrome. Subjectively, the injured worker has constant pain in the left elbow aggravated with lifting, gripping and grasping and torquing motions. There are no particular complaints in the affected upper extremity. Objectively, on physical examination, in a progress note dated January 7, 2015, the elbow examination was notable for tenderness about the olecranon group, positive Tinel's sign over the cubital tunnel, range of motion was full of painful with no clinical instability. There is no neurologic evaluation in the progress note. The treating physician indicated EMG/NCV studies are indicated and widely used for focal nerve entrapment. There is no neurologic evaluation in the medical record. Additionally, the injured worker requested both EMG/NCV studies and an MRI of the left elbow at the same time. The electrodiagnostic studies should be performed first to determine if there are neurologic abnormalities present in the upper extremity. Consequently, absent compelling clinical documentation to perform both electrodiagnostic studies and an MRI of left elbow, MRI of the left elbow is not medically necessary.