

Case Number:	CM15-0028928		
Date Assigned:	02/25/2015	Date of Injury:	01/07/2015
Decision Date:	05/15/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/16/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 January 7, 2015. The injured worker was diagnosed as having rule out rotator cuff tear of the right shoulder, rule out medial meniscus tear of the left knee, rule out medial epicondylitis, rule out right medial and ulnar nerve entrapment neuropathy, and rule out ligament tear and TFCC tear of the right wrist. Treatment to date has included medication. Currently, the injured worker complains of right shoulder pain with numbness, tingling, and weakness and neck pain. The Primary Treating Physician's report dated January 19, 2015, noted the injured worker with elbow tenderness to palpation of the right medial epicondyles, positive right elbow flexion test, positive Phalen's test, and tenderness over the dorsal and volar aspect of the right wrist and along the distal ulna. Tenderness to palpation of the left knee along the anterior aspect and medial joint line was noted with pain with range of motion (ROM), and a positive McMurray's test. The treatment plan included continued Naproxen and Prilosec, and requests for authorization for an electro-myography (EMG)/nerve conduction study (NCS) of the bilateral upper extremities, MRI of the right hand, wrist, elbow, and physical therapy. The medication list includes Naproxen and Prilosec. Patient has received an unspecified number of PT visits for this injury. Any diagnostic imaging report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Without Contrast, Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, MRI's, Indications for Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602 -SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS-w Disorders 601 Criteria for ordering imaging studies are.

Decision rationale: Request: MRI Without Contrast, Right Elbow. Per the ACOEM guidelines, "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 correctable by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctable lesion is confirmed." Per the records provided, any indication listed above was not specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. A plan for an invasive procedure of the right elbow was not specified in the records provided. A recent right elbow X-ray report is not specified in the records provided. The medical necessity of the request of a MRI Without Contrast, Right Elbow is not fully established in this patient.