

Case Number:	CM15-0214696		
Date Assigned:	11/04/2015	Date of Injury:	04/17/2014
Decision Date:	12/16/2015	UR Denial Date:	10/24/2015
Priority:	Standard	Application Received:	11/02/2015

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 injured worker is a 59 year old female who sustained an industrial injury on 04-17-2014. According to the most recent progress report submitted for review and dated 09-30-2015, subjective complaints were documented as left wrist and left elbow pains, weak and numbness and tingling in to the left hand. Objective findings were documented as positive Tinel, positive Phalen left, free range of motion with pain wrist, positive tenderness to palpation and mass over cubital fossa elbow left. Diagnoses included left wrist ID-carpal tunnel syndrome and left elbow pain rule out biceps tear. The injured worker was scheduled to see a hand surgeon. The provider noted "await authorization for left elbow MRI". There was no radiographic imaging reports submitted for review. On 10-24-2015, Utilization Review non-certified the request for MRI of the left elbow.

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: Decision based on MTUS Shoulder Complaints 2004.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow chapter.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter/MRIs Section.

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. Per the ODG, an elbow MRI is warranted with elbow pain in a suspected biceps tendon tear and/or bursitis when plain films are non-diagnostic. In this case, there is objective evidence of a possible biceps tendon rupture, however, there is no indication that plain film x-rays of been obtain prior to this request for an MRI. The request for MRI left elbow is determined to not be medically necessary.