

Case Number:	CM15-0217952		
Date Assigned:	11/09/2015	Date of Injury:	07/14/2011
Decision Date:	12/21/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68 year old male, who sustained an industrial injury on 7-14-11. Medical records indicate that the injured worker is undergoing treatment for lumbago, multilevel lumbar spondylosis, left wrist carpometacarpal joint arthrosis and left lateral epicondylitis. The injured worker is permanently partially disabled. On (7-9-15) the injured worker complained of low back pain which varied in intensity and constant throbbing left elbow and wrist pain which varied in intensity. The pain was noted to be unchanged and was rated 5-8 out of 10 on the visual analog scale. The pain was aggravated by repetitive motions, gripping, grasping, pushing, pulling, lifting and torquing activities. Examination of the left elbow revealed pain around the lateral epicondylar region. Resisted extension of the left wrist with an extended elbow reproduced the symptoms, consistent with what appears to be lateral epicondylitis. No swelling was noted. Sensation was diminished in the ulnar digits. Treatment and evaluation to date has included medications, x-rays, MRI of the left elbow, heat-ice applications, massage, electrical stimulation, physical therapy, cortisone injections, lumbar epidural steroid injections and chiropractic treatments. The MRI of the left elbow (2011) was noted to show some soft tissue swelling, most likely representing lateral epicondylitis. Current medications include Metformin, Gabapentin, Vicodin, Temazepam, Flomax, Finasteride, Celebrex and Flexeril. The Request for Authorization dated 9-29-15 included a request for an MRI of the left elbow. The Utilization Review documentation dated 10-13-15 non-certified the request for an 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 of the left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, MRIs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic) MRIs.

Decision rationale: The claimant sustained a cumulative trauma work injury while working as a personal trainer with date of injury in July 2011 and is being treated for low back and left elbow, wrist, and hand pain. An MRI of the elbow in September 2011 showed findings that included findings consistent with lateral epicondylitis. The study was limited due to patient movement and artifact. He was seen by the requesting provider for an initial evaluation in July 2015. Complaints included left elbow pain which was unchanged rated at 5-8/10 and constant. Physical examination findings included lateral elbow tenderness with findings consistent with lateral epicondylitis. An x-ray of the elbow was obtaining which was essentially normal. Recommendations included continuing a home exercise program and exercising in a pool at the gym. Additional testing was requested including a repeat elbow MRI and electrodiagnostic testing of the upper extremities. Magnetic resonance imaging of the elbow may provide important diagnostic information for evaluating the elbow in many different conditions including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. Epicondylitis is a common clinical diagnosis, and MRI is usually not necessary. In this case, the claimant has a clinical diagnosis of lateral epicondylitis already confirmed by the MRI of the elbow more than 4 years ago. A repeat MRI scan of the elbow is not medically necessary.