

<b>Case Number:</b>	CM15-0040777		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	05/19/2011
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 41 year old female, who sustained an industrial injury on 5/19/2011. Currently she reported frequent pain in the left elbow that is improving, constant, moderate and radiating pain in the low back. The injured worker was diagnosed with, and/or impressions were noted to include: medical cubital tunnel syndrome status-post release; left De Quervains syndrome; lumbago; chronic left lateral epicondylitis status-post release; and cervicgia. Treatments to date have included consultations, diagnostic imaging studies; surgeries; physical therapy and medication management. On 1/21/2015, abnormal findings during the cervical spine assessment were noted. The treatment plan noted recommendations included physical therapy for the left elbow, and a magnetic resonance imaging for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op physical therapy elbow/wrist/hand x12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** CA MTUS/Postsurgical treatment guidelines, Elbow and Upper Arm, Cubital tunnel release, page 16 recommends 20 postoperative visits over a 3 month period. It recommends initially of the 20 visits initially. As the request of 12 exceeds the 10 visits initially authorized, the determination is for non-certification. The treatment is not medically necessary.

**MRI cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** According to the CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints pgs 177-178 regarding special studies (MRI), recommendations are made for MRI of cervical or thoracic spine when conservative care has failed over a 3-4 week period. Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. In this case, the exam notes of 1/21/15 do not demonstrate any deficit neurologically or failed strengthening program prior to the request for MRI. Therefore, the determination is for non-certification as not medically necessary.