

Case Number:	CM15-0052303		
Date Assigned:	03/25/2015	Date of Injury:	11/17/2009
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/19/2015

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: 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 47 year old female, who sustained an industrial injury on 10/29/2010. She has reported subsequent bilateral wrist, elbow and neck pain and was diagnosed with bilateral carpal tunnel syndrome, rule out internal derangement of the bilateral elbows and cervicothoracic spine, rule out cervical radiculopathy. Treatment to date has included oral pain medication, bracing and physical therapy. In a progress note dated 01/28/2015, the injured worker complained of bilateral elbow pain that was rated as 10/10. Objective findings were notable for muscle spasm of the cervical and thoracic spine with tenderness. At the elbows, there was tenderness at the epicondyles with positive flexion testing. The physician noted that in order to address pain in the injured worker's elbows she required a diagnostic work-up. A request for MRI's of the elbows and ultrasound of the elbows was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Bilateral Elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34, 42, table 4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 42.

Decision rationale: Regarding the request for MRI of the elbow, California MTUS supports MRI for suspected ulnar collateral ligament tears and notes that MRI for suspected epicondylalgia is not recommended. Within the documentation available for review, the clinical exam is suggestive of epicondylitis, but there are no symptoms/findings identified suggestive of another elbow pathology for which MRI is indicated. In the absence of clarity regarding those issues, the currently requested MRI of the elbow is not medically necessary.

Ultrasound Bilateral Elbows: 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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter, Ultrasound, diagnostic.

Decision rationale: Regarding the request for ultrasound, CA MTUS does not address the issue for diagnostic purposes. ODG cites that it is recommended for chronic elbow pain when there is suspected nerve entrapment, mass, biceps tendon tear, and/or bursitis if plain films are nondiagnostic. Within the documentation available for review, none of these criteria have been met. In light of the above issues, the currently requested ultrasound is not medically necessary.