

Case Number:	CM15-0087527		
Date Assigned:	05/11/2015	Date of Injury:	08/12/2014
Decision Date:	06/11/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/06/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 45 year old female who sustained an industrial injury on 8/12/14. The injured worker was diagnosed as having right lateral epicondylitis, right trapezius strain, DeQuervain's tenosynovitis, tendinitis of the right wrist and neck muscle strain. Currently, the injured worker was with complaints of right upper extremity pain. Previous treatments included acupuncture treatment, ultraviolet light, chiropractic treatments, medication management, and activity modification. The injured workers pain level was noted as 5/10. Physical examination was notable for right epicondyle tender to palpation, right wrist radial aspect tender to touch. The plan of care was for a magnetic resonance imaging and an X-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray lateral epicondylitis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

Decision rationale: This injured worker has chronic right elbow and wrist pain with an injury sustained in 2014. Per the ACOEM, in 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. 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: When surgery is being considered for a specific anatomic defect. To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. In this injured worker, there are no red flags on physical exam, no recent acute trauma and no discussion of surgery to medically justify an x-ray for lateral epicondylitis. The request is not medically necessary.

MRI right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non- MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the wrist. The records document a physical exam with pain with palpation of the wrist but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. A MRI can help to identify infection and minimally helpful to diagnose carpal tunnel syndrome. The worker already had a diagnosis of carpal tunnel syndrome. The medical necessity of a wrist MRI is not substantiated in the records.

MRI lateral epicondylitis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non- MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

Decision rationale: This injured worker has chronic right elbow and wrist pain with an injury sustained in 2014. Per the ACOEM, in 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. 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: When surgery is being considered for a specific anatomic defect. To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. In this injured worker, there are no red flags on physical exam, no recent acute trauma and no discussion of surgery to medically justify an MRI for lateral epicondylitis. The request is not medically necessary.