

Case Number:	CM15-0239816		
Date Assigned:	12/16/2015	Date of Injury:	05/14/2003
Decision Date:	01/22/2016	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	12/08/2015

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

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 54 year old female who sustained an industrial injury on May 14, 2003. The IW had previously been deemed as permanent and stationary. She is status post right hand and wrist surgery 2013, left shoulder 2004, and 2006, right shoulder 2006 and 2007, left elbow 2011, and right elbow 2012. The IW is being treated for: DDD cervical, spondylosis, recurrent left ulnar neuropathy, right mild to moderate CTS and status post surgeries involving bilateral shoulders, bilateral elbows, and right hand and wrist. Subjective: reported complaint of constant neck pain, bilateral shoulders and elbows pain. There is also complaint of associated severe HA's. August 2015 follow up reported numbness and tingling into elbows and into fingers. Objective: left elbow showed healed medial scar, full AROM and no instability June 18, 2015. Diagnostic: EMG NCV April 2015, UDS July 2015. Medication: trialed medications listed: oral NSAID's, Lexapro, Colace, Opana ER, and MS Contin. May and June 2015: Butrans, Lyrica, Norco, Amitriptyline and Voltaren gel. July 2015: Butrans, Norco and Lyrica with noted discussion regarding tapering on hold as possible further surgery to left UE, pending consultation. August 2015: Butrans, Norco, and Lyrica. Treatment: pain management, medication, PT, CESI, RFA, H-Wave unit, and HEP. On October 26, 2015 a request was made for MRI of left elbow that was non-certified by Utilization Review on November 03, 2015.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, under MRI's.

Decision rationale: The current request is for MRI of the left elbow. The RFA is dated 10/19/15. Treatment history include right and wrist surgery 2013, left shoulder surgery 2004 and 2006, right shoulder surgery 2006 and 2007, right elbow surgery in 2012 and left elbow surgery in 2011, pain management, medications, PT, CESI, RFA, H-Wave unit, and HEP. The patient may return to modified duty. ODG guidelines, Elbow Chapter, under MRI's' has the following: Recommended as indicated below. Magnetic resonance imaging may provide important diagnostic information for evaluating the adult 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. There is a lack of studies showing the sensitivity and specificity of MR in many of these entities; most of the studies demonstrate MR findings in patients either known or highly likely to have a specific condition. Epicondylitis (lateral: "tennis elbow" or medial: in pitchers, golfers, and tennis players) is a common clinical diagnosis, and MRI is usually not necessary. Magnetic resonance may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. Indications for imaging: Magnetic resonance imaging (MRI): chronic elbow pain, suspect intra-articular osteocartilaginous body, plain films: non-diagnostic, chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films: non-diagnostic, chronic elbow pain, suspect unstable osteochondral injury, plain films non-diagnostic; chronic elbow pain, suspect nerve entrapment or mass, plain films: non-diagnostic, chronic elbow pain, suspect chronic epicondylitis; plain films: non-diagnostic, chronic elbow pain, suspect collateral ligament tear; plain films: non-diagnostic, elbow pain, suspect biceps tendon tear and/or bursitis, plain films: non-diagnostic. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Per report 10/19/15, the patient presents with neck and bilateral upper extremity pain. This patient is status post left elbow surgery for a transposition of the ulnar nerve in 2011. The patient underwent physical therapy and received an H-wave unit which did not help. Currently she has sharp pain and numbness radiating from the left elbow to the left hand middle, ring finger and little finger. She underwent a nerve study in April 2015 which revealed evidence of recurrent left ulnar neuropathy at the level of the elbow that is severe in nature. Examination revealed "pos Tinel's medial elbow." The treater requested an MRI of the left elbow. There is no indication of any imaging done for the left elbow following the 2011 surgery. In this case, this patient presents with worsening pain, and evidence of neurological compromise in the left upper extremity. The patient has also failed conservative measures including an H-wave unit and physical therapy. An MRI could provide insight into the underlying pathology. Therefore, the request is medically necessary.