

Case Number:	CM14-0131414		
Date Assigned:	09/19/2014	Date of Injury:	07/24/2013
Decision Date:	10/17/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43 year old female with a 7/24/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/2/14 noted subjective complaints of right upper extremity pain. Objective findings included pain at the right elbow with resisted wrist extension and lateral epicondylar tenderness. It is noted that she has just been authorized for physical therapy of the cervical spine and right elbow. Diagnostic Impression: right carpal tunnel syndrome, lateral epicondylitis. Treatment to Date: physical therapy, medication management. A UR decision dated 7/16/14 denied the request for MRI of the cervical spine. There is limited documentation of failed response with physical therapy treatments to address the cervical spine complaints. There also were no indicated neurological deficits in the upper extremities. It also denied MRI of the right elbow. There is no significant clinical and functional deficit in the right elbow or worsening symptoms despite trials of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter - MRI

Decision rationale: CA MTUS supports imaging studies with red flag conditions; 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 and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, in the documents available for review, there are no neurologic deficits documented that would be concerning for cervical radiculopathy. The patient has just been approved for cervical physical therapy and therefore has not had failure of conservative management. Additionally, there is no mention of surgical consideration of the cervical spine. Therefore, the request for MRI cervical spine was not medically necessary.

MRI Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

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

Decision rationale: CA MTUS does not address this issue. ODG criteria for MRI studies of the elbow include chronic elbow pain, non-diagnostic plain films, and suspected elbow pathology likely to be visible on MR imaging. Epicondylitis (lateral - "tennis elbow" or medial - in pitchers, golfers, and tennis players) is a common clinical diagnosis, and MRI is usually not necessary. However, there is no documentation of non-diagnostic plain films. Additionally, the patient has been diagnosed with lateral epicondylitis and is noted to have had improvement in the elbow symptoms from physical therapy. It is unclear how an MRI would be of benefit. Therefore, the request for MRI right elbow was not medically necessary.