

Case Number:	CM14-0163872		
Date Assigned:	10/08/2014	Date of Injury:	03/09/2012
Decision Date:	11/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family Practice, and is licensed to practice in Ohio. 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:

The injured worker is a 60 year old female with a repetitive motion injury stemming from 3-9-2012. She had gradual onset of left wrist pain spreading to the left elbow, then the left shoulder, and later, the neck it seems. She has had numbness and tingling of the left hand. The physical exam has revealed tenderness to palpation of the cervical spine and paraspinal musculature with normal cervical ranges of motion, non-specific left shoulder tenderness with mildly decreased range of motion, tenderness of the left lateral and medial epicondyles, tenderness of the left wrist with a positive Tinel's sign and diminished sensation in the median nerve root distribution (hand). The motor exam and reflex exam of the upper extremities has been normal. Electrodiagnostic studies of the left upper extremity were normal 2-4-2013. A CT scan of the cervical spine on 9-19-2013 revealed mild disc space narrowing at C5-C6 with mild right sided C6 root sleeve impingement, but no left-sided compromise. She underwent left shoulder debridement and decompression on 2-18-2014. She had platelet rich plasma injections to the left epicondyles on 01-09-2013. On 8-8-13 an MRI scan of the left elbow revealed consider cartilage loss of the radiocapitellar joint with subchondral reactive marrow edema and a small cyst formation. The medial elbow revealed minor cartilage loss. There was mild muscular edema at the triceps tendon insertion. There was no lateral instability and no evidence of lateral epicondylitis. A left elbow denervation procedure was performed 1-8-2014. The most recent diagnoses are left shoulder impingement syndrome, left-sided medial and lateral epicondylitis, mild left- sided carpal tunnel syndrome, and anxiety secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro MRI left elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (updated 05/15/14), MRIs

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

Decision rationale: Per the Official Disability Guidelines, an MRI scan of the elbow is appropriate for chronic elbow pain when plain films are non-diagnostic and chronic epicondylitis is suspected. 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. In this instance, plain films were normal and chronic epicondylitis was clearly suspected. Therefore, MRI scan of the left elbow was medically necessary.