

Case Number:	CM14-0084947		
Date Assigned:	07/23/2014	Date of Injury:	10/05/2012
Decision Date:	09/24/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 42-year-old female who reported injury on 10/05/2012. The mechanism of injury was not submitted in the documentation for review. The injured worker has a diagnosis of status post repair of right lateral epicondylitis on 07/09/2013. Past medical treatment includes surgery, physical therapy, bracing, corticosteroid injection, and medication therapy. On 04/18/2014, the injured worker complained of worsening right elbow pain. The examination of the elbow revealed mild tenderness to palpation over the lateral epicondyle. There was discomfort with resisted/repetitive dorsiflexion of the wrist. There was no tenderness, with a negative Tinel's sign over the cubital tunnel, radial tunnel, and pronator was. There was a negative elbow flexion sign without ulnar nerve subluxation. There was no pain/paresthesia with resisted elbow motion/finger flexion. There was a negative middle finger extension sign. There was no instability and no pain with stressing. Range of motion revealed an extension of greater than 5 degrees, flexion of 120 degrees, pronation of 80 degrees, and supination of 80 degrees. There was a patchy decreased sensation in the right upper extremity. MRI of the right elbow dated 04/28/2014 revealed normal marrow signal of the imaged osseous structures. Small volume of fluid was seen within the elbow joint. There was no evidence of advanced osteoarthritis or misalignment in the imaged position. The common flexor tendon origin demonstrated a normal appearance, as do the tendons of the biceps and brachialis. There was no significant muscle edema or atrophy. The treatment plan is for the injured worker to undergo an MRI of the right elbow. The Request for Authorization form was submitted on 04/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The request for an MRI of the right elbow is not medically necessary. According to ACOEM, criteria for ordering imaging studies are as follows: imaging study results will substantially change the treatment plan, there is emergence of a red flag, or there is failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of a correctable lesion is confirmed. Guidelines also stipulate that an imaging study may be an appropriate consideration for a patient who is to further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. The submitted report revealed an MRI that was obtained on 04/28/2014. The MRI revealed to be normal, with no significant arthropathy or acute abnormality. It was negative for soft tissue deficits, with no visible soft tissue swelling. Inclusion of the examination revealed that it was a normal examination for a patient of this age. Furthermore, the submitted report did not indicate any emergence of a red flag, or any indication of possible tumor. Additionally, the submitted report dated 04/18/2014 did not reveal any functional deficits to the injured worker's right elbow. As such, the request for an MRI of the right elbow is not medically necessary.