MAXIMUS Federal Services

Case Number:	CM15-0010184		
Date Assigned:	01/30/2015	Date of Injury:	03/23/2011
Decision Date:	03/26/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/19/2015

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, Arizona
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 62-year-old female who reported an injury on 03/23/2011. The mechanism of injury was continued trauma with extensive keyboard and phone use. Her diagnoses include cervical degenerative disc disease, cervical radiculopathy, carpal tunnel syndrome status post release, and left ulnar nerve compromise status post release. Her past treatments have included acupuncture, physical therapy, home exercise, epidural steroid injections, work restrictions, massage, cervical rhizotomy, and medications. The injured worker underwent electrodiagnostic testing on 06/25/2014 which was noted to be normal with no evidence of carpal tunnel syndrome or ulnar neuropathy. The injured worker underwent a neurosurgical evaluation on 11/21/2014 and was found to be a candidate for a C4-5 and C5-6 anterior cervical discectomy and fusion. On 12/18/2014, the injured worker presented with complaints of increased pain to the right medial elbow with associated swelling. She rated her pain 8/10. The physical examination revealed pain with gentle flexion and extension of the right elbow, pain with resisted maneuvers, a positive Tinel's sign at the right cubital tunnel with symptoms in the right little finger, and normal findings on x-ray. She was diagnosed with right cubital tunnel syndrome despite negative electrodiagnostic studies. A recommendation was made for an MRI of the right elbow to evaluate for medial epicondylitis and other internal derangement of the medial elbow due to the visible swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of right elbow between 12/18/14 and 3/8/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, imaging studies may be recommended for patients with elbow conditions when imaging study results will substantially change the treatment plan, with the emergence of a red flag, or when there is failure to progress in a rehabilitation program and evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment. The clinical information submitted for review indicated that the injured worker had right upper extremity pain and swelling. The documentation indicates that she had undergone extensive conservative treatment. However, it was unclear how much of the previous conservative treatment was directed at the right elbow. In addition, the injured worker was noted to have significant cervical spine pathology and had recently been recommended for a discectomy and fusion procedure. Therefore, it is unclear how much of her right upper extremity symptoms are related to the cervical spine. Until the documentation indicates that she has undergone an adequate course of conservative therapy specifically for the right elbow and the cervical spine has been ruled out as the pain generator, the request for an MRI of the right elbow is not supported. As such, the request is not medically necessary.