Case Number:	CM15-0122198		
Date Assigned:	07/06/2015	**Date of Injury:**	02/23/1996
Decision Date:	08/04/2015	**UR Denial Date:**	06/22/2015
Priority:	Standard	**Application Received:**	06/24/2015

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: Preventive Medicine, Occupational Medicine

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 49-year-old male who sustained a cumulative industrial injury on 02/23/1996 as a professional football player. The injured worker was diagnosed with bilateral cubital tunnel syndrome, left hip osteoarthritis, possible intraarticular loose bodies in the bilateral elbows and bilateral hallux valgus deformities with right first metatarsophalangeal joint arthrosis. Treatment to date has included diagnostic testing, steroid injections to the left knee and left shoulder, left shoulder platelet-rich plasma (PRP) injections, multiple physical therapy sessions (latest starting in May 2015 for 12 sessions) and home exercise program. According to the primary treating physician's progress report on June 8, 2015, the injured worker continues to experience left hip, bilateral elbow and foot pain and bilateral hand numbness. The injured worker reports intermittent popping and catching in the right hip with difficulty weight-bearing. The injured worker reports pain along the medial aspect of both elbows that radiates with paresthesias to the hands. He has difficulty grasping and holding objects. Examination of the elbows demonstrated full range of motion with positive Tinel's at the cubital tunnels bilaterally. There was documented decreased sensation into the ulnar nerve distribution bilaterally. The left hip examination noted 90 degrees forward flexion, internal rotation to 20 degrees and external rotation to 30 degrees. Current medications were not documented. Treatment plan consists of home exercise program, finish physical therapy and the current request for left hip magnetic resonance imaging (MRI), left elbow magnetic resonance imaging (MRI) and Electromyography (EMG) /Nerve Conduction Velocity (NCV) studies of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), hip and pelvis, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis (Acute & Chronic), MRI (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and is recommended as the first imaging technique employed following plain films. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. The ODG establish the following indications for MRI imaging: Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; and Tumors. The medical record fails to document any of the above criteria.MRI left hip is not medically necessary.

MRI left elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), elbow, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow (Acute & Chronic), MRI.

Decision rationale: The Official Disability Guidelines recommend an MRI of the elbow if plain films are non-diagnostic and red flags are present. Indications include suspicion of intra-articular osteocartilaginous body, occult osteochondral injury, unstable osteochondral injury, nerve entrapment, chronic epicondylitis, collateral ligament tear, and suspicion of biceps tendon tear or bursitis. The medical record does document sufficient findings indicative of the above diagnostic criteria of nerve entrapment, which would warrant an MRI of the elbow. I am reversing the previous UR decision. MRI of the left elbow is medically necessary.

EMG/Nerve conduction test bilateral upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), elbow, tests for cubital tunnel syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The medical record does document nerve compression-type arm symptoms. The EMG/Nerve conduction test bilateral upper extremities are medically necessary.