

Case Number:	CM15-0167344		
Date Assigned:	09/08/2015	Date of Injury:	08/12/2014
Decision Date:	11/20/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 an industrial injury on 8-12-2014. The medical records indicate that the injured worker is undergoing treatment for dislocation of elbow (unspecified), status post left elbow radial head replacement, pain in the upper arm joint, sprain-strain of the elbow-forearm, and disorder of the bursae tendon (unspecified). According to the progress report dated 7-17-2015, the injured worker presented with complaints of constant left elbow pain. On a subjective pain scale, he rates his pain 7 out of 10. On physical examination, the Jamar grip test is 32-34-30 on the right and 8-0-0 on the left. The left elbow extension was 35 degrees, flexion 95 degrees, supination 45 degrees, and pronation 35 degrees. The current medications are Tylenol #3. Previous diagnostic studies include x-rays of the left elbow. Treatments to date include medication management, physical therapy, home exercise program, and surgical intervention. Work status is described as off work. The original utilization review (8-13-2015) had non-certified a request for MRI of the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left elbow: 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) elbow.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Dislocation of Elbow, Chronic Pain Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the left elbow is not medically necessary. MR imaging may provide important diagnostic information for evaluating the adult elbow including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendon, abnormality of ulnar, radial or median nerve, and for masses about the elbow joint. Indications for imaging are enumerated in the official disability guidelines. They include, but are not limited to, chronic elbow pain suspect intra-articular osteocartilaginous body with non-diagnostic plain films, osteochondral injury, suspect unstable osteochondral injury, suspect nerve entrapment, suspect chronic epicondylitis, suspect collateral ligament tear, etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are dislocation elbow unspecified; pain in joint upper arm; sprain strain elbow/forearm; and unspecified disorder bursae/tendon. Date of injury is August 12, 2014. Request for authorization is July 20, 2015. According to a July 13, 2015 progress note, subjective complaints include severe left elbow pain. The injured worker is status post elbow radial head replacement with LCL reconstruction. The region is contracted and scarred. The documentation states the injured worker is awaiting more ROM, but first needs approval for an elbow MRI. Objectively, range of motion of the elbow is 30 - 100. There is positive olecranon bursitis and triceps tenderness to palpation. There is no recent magnetic resonance imaging scan in the record. On February 12, 2015, the injured worker had an MRI of the upper extremity. This was a shoulder/upper extremity MRI. There were no elbow MRI results in the medical record. There are no official radiographs of the left elbow in the medical record. The treatment section indicates the MRI of the left elbow is indicated for the preoperative planning of a revision procedure. Although a left elbow MRI appears to be clinically indicated, there is no documentation of the last elbow MRI in the medical record. There are no official elbow MRI results in the medical record. There is no documentation indicating the most recent date of an elbow MRI to avoid unnecessary duplication. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation indicating the most recent date of an elbow MRI prior to requesting an updated presurgical MRI, MRI of the left elbow is not medically necessary.