MAXIMUS Federal Services

Case Number:	CM15-0170293		
Date Assigned:	09/10/2015	Date of Injury:	06/10/2015
Decision Date:	10/13/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male with an industrial injury dated 06-10-2015. Medical record review indicates he was being treated for blunt injury to the right elbow and right wrist sprain-strain. He presented on 06-19-2015 with pain in the neck, right elbow and right wrist. His pain rating is documented as 7 out of 10. He also complained of numbness, stiffness, tingling and weakness in arms and hands. He reported "some difficulty" with activities of daily living with the exception of feeling what he touched, smelling food and tasting food. He noted "much difficulty" with sleep. The provider documented "He is unable to perform his normal-regular household chores - activities." The progress note dated 07-10-2015 noted "persistent significant pain in his right elbow." Objective findings noted marked tenderness over the lateral epicondyle with very significant pain increased by dorsiflexion of the wrist and the extension of the fingers. The provider documents "this has turned out to be a full-blown out lateral epicondylitis" and requested physical therapy and MRI of his right elbow. Work status is documented as "temporary total disability for another four weeks." Prior treatment included sling and splint for the elbow and over the counter Naprosyn.X-ray done in the Emergency Department on 06-10-2015 was read as: "Joint effusion. If there is a history of recent trauma, then occult acute fracture is not excludable." The treatment request is for physical therapy three times a week for six weeks for the right elbow-wrist and MRI of right elbow. On 07-31-2015 the request for MRI of right elbow was non-certified. The request for physical therapy three times a week for six weeks for the right elbow-wrist was modified to 8 sessions for the right elbow-wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right 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 chapter - Magnetic resonance imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic) MRIs.

Decision rationale: The claimant sustained a work injury in June 2015 and continues to be treated for left elbow pain. He struck his elbow on a vehicle lift and was seen approximately one week later in the emergency room. An x-ray was obtained. A fracture could not be excluded. When seen, he was having significant persistent pain. Physical examination findings included market lateral epicondyle tenderness and pain with wrist dorsi flexion and extension. He was having occasional right hand numbness. He was referred for physical therapy and an MRI of the right elbow was requested. Applicable indications for obtaining an MRI of the elbow include chronic pain conditions when plain film x-ray is non-diagnostic. However, in this case the claimant's injury had occurred less than six weeks before this request was made and the examination findings strongly support a diagnosis of lateral epicondylitis. Conservative treatments that would be expected to be effective for this condition would include physical therapy and this had not been provided and was also being requested. An MRI of the elbow was not medically necessary at the time of the request.

Physical therapy three times a week for six weeks for the Right elbow/wrist: 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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in June 2015 and continues to be treated for left elbow pain. He struck his elbow on a vehicle lift and was seen approximately one week later in the emergency room. An x-ray was obtained. A fracture could not be excluded. When seen, he was having significant persistent pain. Physical examination findings included market lateral epicondyle tenderness and pain with wrist dorsi flexion and extension. He was having occasional right hand numbness. He was referred for physical therapy and an MRI of the right elbow was requested. In terms of physical therapy for lateral epicondylitis, guidelines recommend up to 8 treatment sessions over 5 weeks. In this case, the number of initial visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was necessary or likely to be effective. The request is not medically necessary.