

Case Number:	CM15-0061102		
Date Assigned:	04/07/2015	Date of Injury:	06/25/2012
Decision Date:	05/06/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/31/2015

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: Emergency 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 53 year old female, who sustained an industrial injury on 6/25/12. The diagnoses have included elbow pain, chronic myofascial pain of the right elbow and bilateral wrists, right carpal tunnel syndrome and right lateral epicondylitis. Treatment to date has included diagnostics, surgery, medications, splinting, conservative measures, injections, physical therapy and acupuncture. Surgery has included right carpal tunnel release in 2012. The x-rays of the right elbow were done on 2/24/15. Currently, as per the physician progress note dated 2/24/15, the injured worker complains of continued right wrist and elbow pain with some left symptoms as well. It was noted that she was prone to flare-ups, cramping, weakness and pain. She had an injection in the right elbow in October of 2012 and the pain returned in January of 2015 and has continued. She describes that pain as dull, sharp pain with moderate to severe symptoms and states that she has used Tylenol with Codeine, Naproxen and Vicodin and none of them have been effective. The objective findings revealed the range of motion of the right elbow was 10-140, positive trigger points in the lateral epicondyle extensor wad and positive Cozen's , long finger testing was noted. The right grip strength was less than the left grip strength and the lateral key pinch strength testing on the right was less than on the left side. The physician noted that the injured worker had signs and symptoms that were consistent with severe right greater than left lateral epicondylitis and bilateral carpal tunnel syndrome. The physician requested treatments included Magnetic Resonance Imaging (MRI) of right elbow and Magnetic Resonance Imaging (MRI) of bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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-Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

Decision rationale: The requested MRI of right elbow is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM, Elbow Complaints Chapter, 2008 2nd Edition Revision (accepted into MTUS July 18, 2009), Chapter 10 Elbow Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 33-34, note Criteria for ordering imaging studies are: The imaging study results will substantially change the treatment plan. Emergence of a red flag. 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 the correctable lesion is confirmed. The injured worker has continued right wrist and elbow pain with some left symptoms as well. The treating physician has documented revealed the range of motion of the right elbow was 10-140, positive trigger points in the lateral epicondyle extensor wad and positive Cozen's, long finger testing was noted. The right grip strength was less than the left grip strength and the lateral key pinch strength testing on the right was less than on the left side. The treating physician has not documented exam evidence of red flag conditions to the elbow nor notation that the imaging study results will substantially change the treatment plan. The criteria noted above not having been met, MRI of right elbow is not medically necessary.

MRI of bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-MRI-Hand/wrist; MRI-Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-260. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), MRI (Magnetic Resonance Imaging).

Decision rationale: The requested MRI of bilateral wrists is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Diagnostic Criteria, Pages 258-260; and Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), MRI (Magnetic Resonance Imaging) recommend imaging studies with documented red flag conditions after failed conservative treatments. The injured worker has continued right wrist and elbow pain with some left symptoms as well. The treating physician has documented revealed the range of motion of the right elbow was 10-140, positive trigger points in the lateral epicondyle extensor

wad and positive Cozen's , long finger testing was noted. The right grip strength was less than the left grip strength and the lateral key pinch strength testing on the right was less than on the left side. The treating physician has not documented physical exam evidence indicative of unresolved red flag conditions nor notation that the imaging study results will substantially change the treatment plan. The criteria noted above not having been met, MRI of bilateral wrists is not medically necessary.