

Case Number:	CM15-0064429		
Date Assigned:	04/10/2015	Date of Injury:	05/12/2011
Decision Date:	05/13/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on 05/12/2011. She has reported subsequent right shoulder pain and was diagnosed with pain in the right shoulder. Treatment to date has included oral pain medication, physical therapy and a home exercise program. In a progress note dated 01/19/2015, the injured worker complained of right shoulder pain that was rated as 2/10. Objective findings were notable for tenderness to palpation of the right shoulder at the anterior capsule and proximal biceps tendon and reduced range of motion of the shoulder. A request for authorization of an MRI of the right elbow was made. There was no medical documentation submitted that pertains to the current treatment request. As per the records provided and per the previous peer review on 3/3/15 patient had complaints of bilateral hand pain and a mass at right elbow and physical examination of the right elbow revealed mass remain unchanged with thickened area, positive Phalen and Tinel sign. The patient has had a palpable mass at volar aspect of hand and wrist of left UE; however any recent detailed clinical evaluation note of treating physician was not specified in the records. A detailed recent physical examination of the right elbow was not specified in the records provided. Any diagnostic imaging report was not specified in the records provided. The patient has had USG of the right index finger with normal findings. The patient's surgical history includes right shoulder arthroscopy on 10/10/2014. The medication list includes Ibuprofen and Flector patch.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Chapter: ELBOW page 601-602.

Decision rationale: Request: MRI of right elbow. Per the ACOEM guidelines, 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. As per the records provided and per the previous peer review on 3/3/15 patient had complaints of bilateral hand pain and a mass at right elbow and physical examination of the right elbow revealed mass remain unchanged with thickened area, positive Phalen and Tinel sign. A detailed evaluation of a mass at right elbow was not specified in the records provided. The patient has had a palpable mass at volar aspect of hand and wrist of left UE; however any recent detailed clinical evaluation note of treating physician was not specified in the records. A recent detailed X-ray report of the right elbow was not specified in the records provided. A detailed recent physical examination of the right elbow was not specified in the records provided. Any diagnostic imaging report was not specified in the records provided. Detailed response to previous conservative therapy was not specified in the records provided. A plan for an invasive procedure of the right elbow was not specified in the records provided. The medical necessity of the request of a MRI of right elbow is not fully established in this patient.