MAXIMUS Federal Services

Case Number:	CM15-0065951		
Date Assigned:	04/13/2015	Date of Injury:	07/30/2009
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/07/2015

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: Ohio, North Carolina, Virginia
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 52 year old, male who sustained a work related injury on 7/30/09. The diagnoses have included lateral epicondylitis and cervicobrachial syndrome. Treatments have included MRIs, medications, TENS unit therapy, injections, an anti-inflammatory topical liquid, Flector patches, heat/cold therapy, massage, use of a brace, and physical therapy. In the PR-2 dated 2/2/15, the injured worker complains of ongoing pain in the thumb, wrist and shoulders. He rates the pain a 7/10. Tinel's sign at the elbow is positive bilaterally. The treatment plan is a request for authorization of a left elbow MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Left Elbow w/o Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 33-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34. Decision based on Non-MTUS Citation Official Disability Guidelines. Elbow chapter. MRI section.

Decision rationale: Per the Official Disability Guidelines, indications for imaging Magnetic resonance imaging (MRI): Chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films non-diagnostic, Chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films - non-diagnostic, Chronic elbow pain, suspect unstable osteochondral injury; plain films non-diagnostic, Chronic elbow pain, suspect nerve entrapment or mass; plain films non-diagnostic, Chronic elbow pain, suspect chronic epicondylitis; plain films non-diagnostic, Chronic elbow pain, suspect collateral ligament tear; plain films non-diagnostic, Elbow pain, suspect biceps tendon tear and/or bursitis; plain films non-diagnostic, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Per the CA MTUS, special studies and diagnostic and treatment considerations 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 correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There are a few exceptions to the rule to avoid special studies absent red flags in the first month. These exceptions include: Plain-film radiography to rule out osteomyelitis or joint effusion in cases of significant septicolecranon bursitis. Electromyography (EMG) study if cervical radiculopathy is suspected as a cause of lateral armpain, and that condition has been present for at least 6 weeks. Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. For patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings. In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases: When surgery is being considered for a specific anatomic defect. To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. In this instance, the injured worker has had the emergence of signs and symptoms of lateral epicondylitis since November 2014. He has been treated conservatively with topical anti-inflammatories and forearm bracing for epicondylitis. The treating physician has indicated a concern regarding potential tear of the musculo-ligamentous junction at the lateral epicondyle and has offered the possibility of surgery were that to be the case. The injured worker does not appear to have had radiographs of the left elbow, but the CA MTUS does not seem to definitively require x-rays prior to an MRI scan. Therefore, an MRI scan of the left elbow is medically necessary.