

Case Number:	CM15-0066733		
Date Assigned:	04/14/2015	Date of Injury:	05/03/2011
Decision Date:	05/18/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/08/2015

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: New York, Tennessee

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 44 year old female, who sustained an industrial injury on May 3, 2011. She has reported bilateral elbow pain and bilateral wrist pain. Diagnoses have included bilateral carpal tunnel syndrome, and elbow and forearm strain/sprain. Treatment to date has included medications, physical therapy, bilateral carpal tunnel surgeries, imaging studies, and diagnostic testing. A progress note dated February 26, 2015 indicates a chief complaint of bilateral elbow pain and bilateral wrist pain. The treating physician documented a plan of care that included magnetic resonance imaging of the bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast bilateral elbows: 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, Indications for imaging, Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow, MRIs.

Decision rationale: Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. There is a lack of studies showing the sensitivity and specificity of MR in many of these entities; most of the studies demonstrate MR findings in patients either known or highly likely to have a specific condition. Epicondylitis (lateral - "tennis elbow" or medial - in pitchers, golfers, and tennis players) is a common clinical diagnosis, and MRI is usually not necessary. 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. In this case the patient had MRI of the bilateral elbows on 11/21/13 showing moderate extensor tendinitis and mild biceps tendinitis bilaterally. There is no documentation that there has been significant change in symptoms or findings of significant pathology since MRI was done. Repeat elbow MRI's are not indicated. The request should not be authorized and is not medically necessary.