

Case Number:	CM15-0067789		
Date Assigned:	04/15/2015	Date of Injury:	11/09/2013
Decision Date:	05/18/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/09/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 36 year old female sustained an industrial injury to the right elbow and hand on 11/9/13. Previous treatment included magnetic resonance imaging, x-rays, electromyography, elbow surgery, injections, physical therapy, activity modifications and medications. Previous plain films and MRI of the elbow are normal. The only encounter available for review included a progress note dated 3/23/15; the injured worker reported a flare up of symptoms with right elbow pain and radiation to the forearm. The injured worker reported that Vicodin was giving her blurred vision. Current diagnoses included lateral epicondylitis, right finger laceration with tendon involvement, medial epicondylitis and right small finger contraction. The treatment plan included continuing medications (Anaprox, Omeprazole and Vicodin), starting Terocin patch and obtaining magnetic resonance imaging of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging of the right elbow without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34. Decision based on Non-MTUS Citation Elbow (Acute & Chronic), MRI.

Decision rationale: According to MTUS guidelines, ACOEM recommends imaging studies for the following issues: 1) emergence of a red flag, 2) physiologic evidence of tissue insult or neurologic dysfunction, 3) failure to progress in a strengthening program intended to avoid surgery, and 4) clarification of the anatomy prior to an invasive procedure. Guidelines do not recommend special studies until a 3-4 week period of conservative care fails to improve symptoms. At this point, imaging may be indicated to clarify the diagnosis and revise treatment strategy. Specific cases to consider imaging include prior to surgical consideration or to evaluate serious pathology such as a tumor. The guidelines recommend MRI for suspected ulnar collateral ligament tears and against MRI for suspected epicondylitis. ODG recommends imaging in specific circumstances, however the evidence supporting many conditions are not well established. MRI for epicondylitis is usually not necessary. Indications for elbow MRI imaging include chronic pain with nondiagnostic plain films for suspected 1) occult injury, 2) unstable osteochondral injury, 3) nerve entrapment or mass, 4) chronic epicondylitis, 5) collateral ligament tear, 6) biceps tendon tear and/or bursitis. Repeat is not routinely recommended and is reserved for significant change in symptoms or findings suggestive of significant pathology. The medical documentation indicates the patient has mixed criteria. The patient is post-surgical and is having a change in symptoms, and the treating physician states the patient has failed post-surgical conservative therapy. However, the type and date of surgery as well as the timeline of therapies is not detailed, and the only diagnosis is epicondylitis, which is not indicated for MRI by itself. The treating physician does not state what therapy is being considered based on imaging. There are also limited recent objective findings, and based on the documentation available it is difficult to put the request into the appropriate clinical context. While there may be a potential indication for MRI in this case, the documentation does not fully support the request per established criteria. Therefore, the request for Magnetic Resonance Imaging (MRI) of the right elbow is not medically necessary at this time.