

Case Number:	CM15-0075348		
Date Assigned:	04/27/2015	Date of Injury:	08/22/2014
Decision Date:	07/27/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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: Physical Medicine & Rehabilitation

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 (IW) is a 45 year old female who sustained an industrial injury on 08/22/2014. She reported feeling a "pull" in the lower back and an instant sharp stabbing pain in her right shoulder, right elbow, and right wrist. The injured worker was diagnosed as having right elbow lateral epicondylitis; right elbow cubital tunnel syndrome; and right wrist carpal tunnel syndrome. Treatment to date has included a compression sleeve, electromyogram, x-rays, and medications. Currently, the injured worker complains of constant sharp pain rated an 8/10. The right elbow pain radiates from her right shoulder and she feels pain localized deep in the joint. Movement increases her pain. Examination of the right shoulder shows no external abrasions, lacerations or skin breakdown. There is no erythema, ecchymosis or discoloration. The joint is stable and tracks well with range of motion, and there is no instability with manipulation or testing. On examination of the right elbow, there is normal strength and alignment with normal radial, median, ulnar and axillary nerve sensation. On the right wrist, there is no swelling, deformity or effusion and no bone or joint malalignment. Electromyogram of the bilateral upper extremities revealed evidence of moderate right carpal tunnel syndrome, but no electrodiagnostic evidence of cervical radiculopathy generalized peripheral neuropathy brachial plexopathy. X-rays of the right shoulder showed no acute fracture, and x-ray of the elbow showed no acute fracture. The plan of care included medications and further testing of MRI of the right elbow and right shoulder, use of a wrist brace, steroid injection of the wrist, and follow-up in six weeks. Medications include Nortriptyline and Tylenol #3. A request for authorization is made for a MRI of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Chapter Elbow Disorder, Special Studies and Diagnostic, pages 601-602.

Decision rationale: Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the right elbow of is not medically necessary and appropriate.