MAXIMUS Federal Services

Case Number:	CM15-0079172		
Date Assigned:	04/30/2015	Date of Injury:	01/11/2013
Decision Date:	06/04/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/24/2015

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: 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:

The injured worker is a 55-year-old male who sustained an industrial injury on 01/11/2013. The injured worker was diagnosed with rotator cuff tear, impingement syndrome, rupture biceps tendon, adhesive capsulitis and shoulder osteoarthrosis. Treatment to date includes diagnostic testing, conservative measures, surgery, physical therapy, home exercise program, steroid injections and medications. The injured worker is status post arthroscopy left shoulder rotator cuff repair, with revision of subacromial decompression, acromioplasty and extensive debridement of fibrosis superior and posterior labral tears on September 24, 2014. Initial repair was performed in September 2013. According to the primary treating physician's progress report on February 17, 2015, the injured worker continues to experience pain in the left shoulder and right elbow. Examination demonstrated diffuse tenderness over the right elbow and triceps tendon. Tenderness to palpation is noted over the lateral epicondyle with fluid range of motion and neurologically intact. There was improved range of motion of the left shoulder. Current medication is Tylenol # 3. Treatment plan consists of continuing with home exercise program for the shoulder; remain off work, right elbow X-rays and the current request for magnetic resonance imaging (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 (magnetic resonance imaging) of the right elbow: Overturned

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, MRI's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 10 Elbow Disorders (Revised 2007) Page(s): Chp 1, pg 3; Chp 10 pg 33-4. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for Chronic Elbow Pain, 1998, Revised 2011.

Decision rationale: Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the elbow are indicated in acute injuries with associated "red flags", that is, signs and symptoms suggesting acutely compromised nerve tissue or damage to soft tissues. In chronic situations, the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors. This patient does meet the criteria of prolonged or persistent symptoms despite conservative care. Prior x-rays, performed at the time of the injury, did not identify any bony changes although did note soft tissue changes. Both the ACOEM guidelines and the American College of Radiology guidelines support this procedure at this juncture in the care of this patient. This request is medically necessary.