

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/8/2013
Date of Injury:	10/13/2009
IMR Application Received:	8/29/2013
MAXIMUS Case Number:	CM13-0018216

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the right elbow is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 8/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the right elbow** is not **medically necessary and appropriate**.

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

This 54 year old female sustained a work related injury on October 13, 2009. The mechanism of injury was not provided. Her surgical history included a right carpal tunnel release in August 2011, a left carpal tunnel release on June 29, 2012, and a right shoulder arthroscopy with biceps tenodesis and superior labral repair on December 28, 2012. She was diagnosed with medial epicondylitis of the right elbow. Per the Utilization Review (UR) report of August 8, 2013, diagnostic testing has included electrodiagnostic reports dated May 3, 2012 which documented mild median delay across the right wrist, status post carpal tunnel release and moderate left carpal tunnel release. Also according to this report, right elbow x-rays documented normal findings. Conservative care has included physical therapy (12 visits completed for the right elbow), activity modification, and anti-inflammatory medications.

On the April 29, 2013 visit with [REDACTED], it was noted that the claimant had continued pain in the left elbow and had a refractory left elbow lateral epicondylitis that had not been responsive to activity modification, physical therapy, and cortisone injections. No exam findings were noted on this visit. [REDACTED] noted that he was awaiting authorization for an MRI of the left elbow. On May 31, 2013, the claimant complained of continued pain on the medial aspect of both elbows, and it was noted that she had failed conservative treatment for this. No exam findings were noted on this visit. [REDACTED] noted that an MRI of the left elbow had been requested, which was pending. The claimant was working modified duty and was advised to continue avoiding repetitive use and above-chest height use of both upper extremities. On the June 17, 2013 visit with [REDACTED] it was noted that the claimant had continued right medial elbow pain and right shoulder pain. On examination, she could abduct and forward flexion her right shoulder to 160 degrees. No examination findings regarding the right elbow were documented on this visit. The plan was to recommend a home exercise program for the shoulder, and [REDACTED] noted that he was awaiting authorization for an MRI of the right elbow.

On the August 12, 2013 visit with [REDACTED], the claimant continued to complain of pain in right medial elbow and right shoulder. Per [REDACTED], electrodiagnostic testing was negative for cubital tunnel syndrome. Examination of the right elbow revealed pain with palpation directly over the medial epicondyle, which he noted that she has had for over a year. Regarding the plan of care, [REDACTED] noted that as conservative treatment has failed, he recommended an MRI of the right elbow. The UR recommended non-certification of a right elbow MRI, as there have not been objective findings on examination within the medical records available for review. There has not been a specific reason or diagnosis for which the MRI of the elbow is being requested. An attempt at peer to peer discussion was unsuccessful.

**Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]

**1) Regarding the request for MRI of the right elbow:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Elbow, MRIs, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (Revised 2007), Chapter 10, Elbow Disorders, pages 42-43, which are a part of the MTUS.

Rationale for the Decision:

The California MTUS criteria provided in the guidelines for ordering imaging studies state that the imaging study results must substantially change the treatment plan or if there is the emergence of a clinical red flag. The only exam finding regarding the right elbow was on the office visit of August 12, 2013 in which it was noted that the employee had pain with palpation directly over the medial epicondyle. No other office visits documented exam findings relating to the right elbow. Also, it was noted on this office visit that the employee has had the right medial elbow pain for over a year, but the office visit note of April 2013 documented pain in the left elbow, for which the physician was awaiting authorization for a left elbow MRI. The following visit in May 2013 documented pain in both elbows, but no exam findings were documented, nor were any right elbow exam findings documented on the office visit of June 2013.

In this case, there is not an apparent red flag with respect to the clinical information submitted for review regarding the right elbow and it is not clear that the imaging results would substantially change the treatment plan; as such the right elbow MRI is not considered as medically necessary. **The request for an MRI of the right elbow is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Oakland, CA 94612

/dso

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