MAXIMUS Federal Services

Case Number:	CM14-0151266		
Date Assigned:	09/19/2014	Date of Injury:	01/22/2009
Decision Date:	11/05/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old female who reported an injury on 01/22/2009. The mechanism of injury was not provided. The injured worker underwent EMG/NCV nerve conduction studies on 06/10/2014. The injured worker's studies were a normal study of the left upper extremity. Surgical history included a low back surgery in 1993, a neck surgery in 2012 and a shoulder and arm surgery in 2013. The injured worker's medications included Maxalt, Relafen, an antidepressant and Vicodin. Other therapies included physical therapy. The documentation of 08/18/2014 revealed the injured worker had complaints of left elbow pain. The injured worker had temporary improvement with cortisone injection previously received. The injured worker reported pain and discomfort in the lateral upper condylar area of the elbow with radiation into the radial extensor surface of the hand with associated numbness and tingling into the fingers. The injured worker was noted to have undergone an open debridement of the lateral upper epicondylar tendon in conjunction with a platelet rich plasma injection for the medial epicondylar area in 09/2012. The physical examination revealed some tenderness along the proximal extensor group and lateral epicondyle. The injured worker had full range of motion with no muscle atrophy. Resistive dorsiflexion of the wrist caused an increase in pain. The neurologic status was normal. Strength tests revealed normal strength in the triceps and biceps with some light guarding. The diagnoses included left elbow lateral epicondylitis and cervical radiculopathy. The treatment plan included an MRI of the left elbow to rule out tendon rupture. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Elbow procedure summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The American College of Occupational and Environmental Medicine indicates the criteria for ordering imaging studies include the emergence of a red flag and the failure to progress in a rehabilitation program with evidence of significant tissue insult or neurologic dysfunction that has been shown to be correctable by invasive treatment and agreement by the injured worker to undergo invasive treatment if the presence of the correctable lesion is confirmed. The clinical documentation submitted for review failed to indicate the injured worker had a failure to progress in a rehabilitation program and had evidence of a significant tissue insult or neurologic dysfunction that has been shown to be correctable by invasive treatment. There was a lack of documentation indicating the injured worker was in agreement to undergo invasive treatment if the presence of the correctable lesion was confirmed. Given the above, the request for MRI of the left elbow is not medically necessary.