

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0152535 | | |
| Date Assigned: | 09/22/2014 | Date of Injury: | 06/09/2013 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 09/10/2014 |
| Priority: | Standard | Application Received: | 09/18/2014 |

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for elbow pain reportedly associated with an industrial injury of June 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of acupuncture; electrodiagnostic testing of the upper extremity, apparently notable for right-sided carpal tunnel syndrome; and extensive periods of time off of work. In a Utilization Review Report dated September 10, 2014, the claims administrator denied a request for elbow MRI imaging. The claims administrator stated that it was interpreting the request as a repeat elbow MRI. The applicant's attorney subsequently appealed. In an August 26, 2014 progress note, the applicant reported persistent complaints of elbow pain, heightened. The applicant stated that physical therapy, acupuncture, and medications have not proven effective. The applicant had atrophy of the forearm with tenderness about the elbow medial epicondyle. The applicant appeared depressed and anxious. The applicant was given presumptive diagnoses of possible reflex sympathetic dystrophy with superimposed myofascial pain syndrome and elbow condylitis. The applicant was placed off of work on total temporary disability. MRI imaging of the elbow was endorsed to make sure there was no laxity of the tendons or issues with the joint. The applicant was again kept off of work.

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 extreme without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.33.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, Table 4, page 33, MRI imaging is "recommended against" for suspected epicondylalgia, the diagnosis reportedly present here. It is further noted that the MTUS Guideline in ACOEM Chapter 10, page 33 notes that one of the cardinal criteria for pursuit of imaging studies of the elbow includes evidence that the imaging study results would substantially alter the treatment plan and/or agreement on the part of the applicant to undergo invasive treatment if presence of a surgically correctable lesion is confirmed. In this case, however, it appeared that the elbow MRI imaging in question was sought for academic purposes, the search for ligamentous laxity. There was no agreement on the part of the applicant to undergo any kind of surgical intervention or invasive procedure involving the injured elbow. It was not clearly stated what was sought. It was not clearly stated what was expected. Therefore, the request is not medically necessary.