

Case Number:	CM14-0078174		
Date Assigned:	07/18/2014	Date of Injury:	08/06/2012
Decision Date:	09/02/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/28/2014

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. 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of August 6, 2012. In a Utilization Review report dated April 30, 2014, the claims administrator failed to approve a request for MRI imaging of the elbow. A February 5, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On February 5, 2014, the claimant consulted an orthopedist, reporting complaints of elbow and wrist pain with associated swelling, stiffness, and tingling. A positive Tinel's and cubital about the elbow were appreciated. Electrodiagnostic testing of left upper extremity and MRI of the elbow and wrist were sought. Work restrictions were endorsed. The applicant was given presumptive diagnoses of carpal tunnel syndrome and cubital tunnel syndrome of the elbow. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. There was no mention of the how the proposed MRI would influence or alter the treatment plan. The applicant did exhibit a positive Tinel sign at the elbow. The applicant was given prescriptions for Norco, Voltaren, Protonix, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Elbow.: 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): 13; 33.

Decision rationale: No, the request for MRI imaging of the elbow was not medically necessary, medically appropriate, or indicated here. The primary stated diagnosis here was that of cubital tunnel syndrome. However, the MTUS Guideline in ACOEM Chapter 2, page 13 notes that nerve conduction studies above and below the elbow represent the diagnostic study of choice for applicants who carry a diagnosis of cubital tunnel syndrome, as was suspected here, the requesting provider reported on his February 5, 2014 progress note. It was not clearly stated why MRI imaging was proposed when the MTUS Guideline in ACOEM Chapter 10, Table 2, page 13 describes nerve conduction testing as the test of choice for applicants with suspected cubital tunnel syndrome, as was seemingly present here. The MTUS Guideline in ACOEM Chapter 10, page 33 also notes that the criteria for ordering imaging studies include evidence that said imaging study results would substantially change the treatment plan with agreement by the applicant to undergo invasive treatment if the presence of a surgically correctable lesion is confirmed. Here, however, the attending provider's February 5, 2014 progress note made no mention how the proposed elbow MRI would have influenced or altered the treatment plan. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study in question. Therefore, the request was not medically necessary.