

Case Number:	CM16-0242302		
Date Assigned:	12/21/2016	Date of Injury:	10/15/2016
Decision Date:	01/19/2017	UR Denial Date:	12/12/2016
Priority:	Standard	Application Received:	12/16/2016

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: Utah

Certification(s)/Specialty: Family Practice, Sports 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 48 year old male, who sustained an industrial injury on 10-15-16. The injured worker is undergoing treatment for right foot and right shoulder pain. Mechanism of injury occurred when the injured worker flipped off the bottom step of a ladder. Current work status is working with modified duties. The treatment and diagnostic testing to date has included: x-rays of the right foot, 4 sessions of physical therapy, right foot boot, medications and evaluations. Medications have included: Norco 10-325mg, Ketoprofen 50mg, and Flexeril 5mg. Physician progress notes dated 10-25-16, reported the injured worker presented with a follow up appointment for a fracture of the fifth metatarsal on the right foot. The injured worker reported pain to the right foot is sharp and full moderately severe with intermittent frequency. The injured worker reported no leg pain or ankle pain on the affected foot, no numbness of the foot or toes, no weakness of the foot and toes, no swelling, no discoloration, no pain with motion of the foot and toes. The injured worker rated pain a 6 out of 10. Objective findings: abnormal gait, range of motions of the left toes are unrestricted, left foot muscle strength is 5 out of 5 in dorsiflexion and plantar flexion. Right foot exam revealed: pointe tenderness in the right foot, proximal fifth metatarsal, restricted range of motion in the right toes, right foot muscle strength testing is 5 out of 5 in dorsiflexion and plantar flexion. Physician progress notes dated 1-21-16, reported the injured worker presented with a follow up reporting injury is 20% better. The injured worker reported continued right shoulder and elbow pain with numbness in fingers. The injured worker reported low back pain is sharp, moderately severe and occurs constantly. Objective findings: abnormal gait, tenderness of the thoracolumbar spine and paravertebral

musculature, no restricted range of motion of the back, right shoulder flexion and abduction is 160 degrees, tenderness to the right elbow and Tinel's negative. Physician progress notes dated 11-30-16, reported the injured worker presented with low back pain, right elbow pain and right shoulder pain. The injured worker reported lack of mobility in the elbow and it "feels like its suck on range of motion." The injured worker continued to have low back pain with radiation to the right light. Objective findings: abnormal gait, tender anterior right shoulder at biceps, flexion and abduction at 160 degrees, tender "sl lat epi R" full range of motion elbow but stiff and Tinel's negative at elbow. The physician documented the plan is for MRI of the right elbow to rule out ligament tear. The request for authorization is for MRI without contrast (right elbow). The UR dated 12-6-16 non-certified the request for MRI without contrast (right elbow).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI Elbow.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a MRI of the Elbow. Guidelines state the following: Epicondylitis, lateral or medial, is a common diagnosis, and MRI is usually not necessary. Magnetic resonance may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. According to the clinical documents, the patient does not meet criteria for a shoulder MRI including, but not limited to, red flag symptoms, neurological dysfunction, failure to progress a strengthening program intended to avoid surgery or clarification of the anatomy prior to a surgical procedure. According to the clinical documentation provided and current guidelines; a MRI of the Elbow is not a medical necessity to the patient at this time.