Notice of Independent Review Decision-WC

DATE OF REVIEW: 10-15-10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right upper arm MRI

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

American Board of Orthopaedic Surgery-Board Certified

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- DO., office visits on 2-10-10 and 7-14-10
- MD., office visits on 3-3-10, 4-16-10, and 5-11-10.
- 4-2-10 MD., performed a Designated Doctor Evaluation.
- 5-3-10 MD., for an impairment rating.
- 7-23-10 Utilization Review performed by MD.
- 8-13-10 Utilization Review performed by MD.
- 8-24-10 MD., performed an independent medical evaluation.

PATIENT CLINICAL HISTORY [SUMMARY]:

2-10-10 DO., the claimant reports his symptoms are not better. He wants a second opinion from another specialist and is requesting a new referral. The pain is exacerbated by flexion, extension, straining, pushing or pulling. On exam, DTR are normal bilaterally. Exam of the elbow shows no deformity, no ecchymosis, no radial head tenderness. There is some swelling and TTP at medial aspect. No crepitus. The claimant is unable to fully flex the elbow. He flexes about 140 degrees. Assessment: Medial epicondylitis, elbow contusion, sprain and strains of the elbow and forearm, chondromalacia - traumatic. The evaluator recommended evaluation with an orthopedic surgeon.

3-3-10 MD., the claimant is seen for a second opinion. The claimant reported that while opening a 22 lb metal wheel, the metal wheel came off, injuring his right elbow. The claimant underwent treatment with NSAID's, bracing and therapy. The claimant has some pain with lifting. MRI showed mild degenerative changes, extensor and flexor origin tendonitis/tear. On exam, the claimant had mild tenderness at the medial epicondyle. Flexion was 120 degrees on the right. X-rays of the right elbow shows mild degenerative joint disease. Assessment: Contusion of elbow, sprain ulnar collateral ligament. It was his opinion that the claimant's findings are consistent with mild posttraumatic right elbow stiffness. There is minimal pain. The evaluator reported there is no need for surgical treatment. He felt the claimant is at MMI.

4-2-10 MD., performed a Designated Doctor Evaluation. She certified the claimant had not reached MMI. The evaluator reported she spoke with Dr. who reported he had recommended MMI because the claimant was asymptomatic. He did agree with the

MRI findings of partial tear of common extensor tendin and radial collateral ligament were related to the work injury and not just osteoarthritis as seemed to be suggested elsewhere in the medical record. The evaluator recommended the claimant follow up with Dr.. He may consider an injection to help with tendon inflammation (which the claimant previously declined). She reported that the claimant had not reached MMI as he continues to have symptoms and functional deficits. He has not returned to unrestricted work duties. Prior to MMI evaluation he should undergo biofeedback training.

Follow up with Dr. on 4-16-10 notes the claimant has posttraumatic right elbow stiffness, some pain with overuse. No clinical signs of elbow instability. He did not feel the claimant needed surgical treatment. He felt the claimant is at MMI. He recommended the use of an elbow wrap prn, PO Tylenol 650 mg and start elbow physical therapy.

On 5-3-10, the claimant was seen by MD., for an impairment rating. He noted the claimant sustained injuries to his right arm and contusion/hyperextension mechanism on xx/xx/xx. He was treated with medication, physiotherapy, and activity restriction. He was not interested in corticosteroid injections. An MRI scan demonstrated degenerative changes and lateral elbow findings of the partial tear of the extensor tendon and radial collateral ligament. His symptoms have been to the medial side of the elbow. He also had tendinitis in the common flexor origin. His history and physical findings were consistent with a tear of the long head of the biceps as well. This does not require further treatment. It is reasonable to say that he reached clinical maximum medical improvement on 4-16-10 when he last saw his treating doctor and was referred for this evaluation. According to the AMA Guides to the Evaluation of Permanent Impairment, Fourth Edition, he qualifies for 4% whole person impairment for this injury. This impairment rating is based on the impairments attributable to abnormal motion in the right elbow and to the partial tear of the biceps muscle (long head tear). For abnormal motion in the right elbow as documented in enclosed figure 1-part 2, he qualifies for 4% of the upper extremity (figures 32 and 35 of the Third Chapter). There is no specific rate to rate the torn long head of the biceps. I think it is most reasonably estimated using its innervating nerve, the muscular cutaneous nerve, and its motor components. According to table 15, this qualifies for a maximum of 25% of the right upper extremity. This is multiplied by 10% grade (table 12) to give a rounded 3% of the upper extremity. The 4% range of motion based impairment from abnormal motion in the right elbow combines with the 3% upper extremity impairment attributable to the long head of the biceps tear to give 7% of the right upper extremity. This converts to 4% whole person.

Follow up with Dr. on 5-11-10 notes the claimant complains of right elbow stiffness, some pain with overuse. The evaluator reported the claimant did not need surgical treatment. He felt the claimant was at MMI. The claimant can return to work, use elbow wrap prn, and oral Tylenol. The claimant is to follow up as needed.

Follow up with DO., on 7-14-10 notes the claimant reports his symptoms are worsening. He is working with restrictions. He reports pain at the right biceps, medially and about midshaft. He also has pain in the right elbow, medial and lateral aspects. The MRI of

the right elbow did not cover the area where the worst pain is located. On exam, the claimant is tender at the medial and lateral aspect. The claimant has no "Popeye" deformity. There is mild medial discomfort with flexion and extension. Assessment: Medial epicondylitis, elbow contusion, sprains and strains of elbow and forearm, and traumatic chondromalacia. Plan: MRI of the upper arm. The claimant was provided with a prescription for Naprelan and Biofreeze.

7-23-10 Utilization Review performed by MD., notes the claimant is a and he was. The claimant noted to have elbow injury with pain/ tenderness with decreased elbow flexion and extension. Elbow MRI noted partial tear of common extensor tendon tear and radial collateral ligament tear with degenerative elbow changes. The claimant is being treated with conservative care including medication management including Naprelan. The claimant continues with pain/ tenderness located at elbow and proximally. However, DDE and attached physician exams did not document shoulder impairments. The claimant has returned to work with limited lifting but with use of affected UE. DDE on 4/02/10 noted that TP stated that the claimant was at time of exam asymptomatic. There is no Popeye deformity noted. Given symptoms/ mechanism of injury / objective findings/ imaging report, rationale for further imaging of upper arm was unclear to the reviewer.

8-13-10 Utilization Review performed by MD., notes he attempted discussion with treating physician, but was unable to reach him. Given the above issues without benefit of peer discussion, he could not recommend reconsideration MRI of the right upper arm medically necessary at this time. It is unclear if the claimant has exhausted conservative care consisting of physical therapy, stretching, range of motion, anti-inflammatories, or home exercises. It is unclear if there are X-ray's to support the need for MRI evaluation. Due to the above issues in this case, it might be reasonable to obtain FCE with validity testing or IME to assess subject's complaints of pain and objective physical examination findings prior to further diagnostic testing.

8-24-10 MD., performed an independent medical evaluation. He is not on any active home exercise program. He is also not on any anti-inflammatory medication. The evaluator recommended that he should be on gel cap Aleve once a day and on a home exercise program for strength and mobility. He is taking pain medicine three per week which is appropriate and he will probably need this pain medication for another 6 months. The Naprelan should be substituted for gel cap Aleve. No weaning is needed for the substitution. Pain medication three per week is appropriate of a low-dose opioid such as Darvocet. He does not need any further diagnostics, injections or FCE. No further physical therapy, chiropractor care, work conditioning hardening, chronic pain management, psychological care, TENS or spinal cord stimulator appropriate. He needs to see a physician only on as needed basis. No regular appointments necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

THE MEDICAL RECORDS REFLECT COMPLAINTS OF ELBOW PAIN FOLLOWING A WORK INJURY. APPRIOPRIATE MEDICAL CARE WAS PROVIDED FOR THE ELBOW INCLUDING AN MRI.

DISCUSSION OF THE BICEPS TENDON APPEARS MANY MONTHS POST INJURY. THE DESCRIBED MECHANISM OF INJURY DOES NOT SEEM CONSISTENT WITH A PROXIMAL BICEPS TENDON INJURY.

I DO NOT SEE THE MEDICAL INDICATION FOR AN MRI OF THE SHOULDER OR PROXIMAL ARM BASED ON THE REPORTED MECHANISM OF INJURY AND LACK OF DOCUMENTAION OF INJURY OR SYMPTOMS TO THIS AREA UNTIL MANY MONTHS LATER. THEREFORE, THE REQUEST FOR AN MRI OF THE RIGHT UPPER EXTREMITY IS NOT REASONABLE OR MEDICALLY INDICATED.

ODG-TWC, last update 4-28-10 Occupational Disorders of the Elbow – MRI: Recommended as indicated below. Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. There is a lack of studies showing the sensitivity and specificity of MR in many of these entities; most of the studies demonstrate MR findings in patients either known or highly likely to have a specific condition. Epicondylitis (lateral - "tennis elbow" or medial - in pitchers, golfers, and tennis players) is a common clinical 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. (ACR, 2001) See also ACR Appropriateness Criteria™

Indications for imaging -- Magnetic resonance imaging (MRI):
- Chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films nondiagnostic
- Chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films - nondiagnostic
- Chronic elbow pain, suspect unstable osteochondral injury; plain films nondiagnostic
- Chronic elbow pain, suspect nerve entrapment or mass; plain films nondiagnostic
- Chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic
- Chronic elbow pain, suspect collateral ligament tear; plain films nondiagnostic
- Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☐ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**