

INDEPENDENT REVIEWERS OF TEXAS, INC.
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Notice of Independent Review Decision

Date notice sent to all parties:

August 8, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Elbow MRI 73221

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

Board Certified Family Practice Physician

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. IRO referral documents
2. Office visit notes 11/06/09-07/02/12
3. Pre-authorization review determination 07/06/12
4. Reconsideration determination 07/17/12

PATIENT CLINICAL HISTORY [SUMMARY]:

Clinical history: The claimant is a male whose date of injury is. The mechanism of injury is not described, but the claimant is noted to complain of neck pain and shoulder pain. Records indicate the claimant was treated with multiple trigger point injections for chronic myofascial pain syndrome. On 10/12/11 it was noted the claimant also mentioned some pain in the right forearm. The claimant previously had cubital tunnel surgery done in 2006. The claimant has noticed a bulge in the right medial forearm distal to the medial epicondyle. On examination it appears just to be proximal prominent flexor muscle just distal to the medial epicondyle, but it is

tender. He also has some pain proximal to the medial epicondyle on the right forearm. Office note dated 07/02/12 indicated the claimant underwent EMG of the upper extremities which was negative.

A request for right elbow MRI was reviewed on 07/06/12, and the request was non-certified as medically necessary. Reviewer noted that the history and documentation did not objectively support the request for MRI at this time. The history of evaluation and treatment of the mass near the claimant's elbow is unclear, including how long it has been present. Full examination was not provided for review. Medical necessity of proceeding with this type of imaging study has not been demonstrated, and clarification was not obtained.

A reconsideration request for MRI of the right elbow was reviewed on 07/17/12, and the original non-certification determination was upheld. It was noted that the claimant has a date of injury of 08/02/05, but the mechanism of injury is not described. The claimant has a chronic history of myofascial pain that involves the cervical and lumbar areas, and right upper extremity pain. The record suggests a chronic epicondylitis. The claimant has previously been recommended to be seen by an upper extremity specialist. He has undergone electrodiagnostic studies of the upper extremity which were reported as negative. Examination dated 10/21/11 reported the claimant to have a prominent flexor muscle just distal to the medial epicondyle. When seen in follow up on 04/05/12, the area remains tender to the touch. The claimant recently was seen on 07/02/12 and continues to be tender at the medial aspect of the elbow. It was suggested the mass may be a lipoma. The available records do not include plain radiographs of the elbow or provide a detailed examination of the elbow adjacent soft tissue abnormality or detailed history regarding the evolution of the abnormality. In the absence of more detailed clinical information the appeal request cannot be supported as medically necessary.

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

The clinical information provided does not support a determination of medical necessity for right elbow MRI. The claimant sustained an injury of unknown etiology on xx/xx/xx. The records indicate he has undergone multiple trigger points in the past that were beneficial. He complains of neck and shoulder pain as well as chronic myofascial pain syndrome related to a nerve injury. Records note that the claimant also mentioned some pain in the right forearm, with history of previous cubital tunnel surgery in 2006. There apparently is a bulge in the right medial forearm distal to the medial epicondyle that is painful. The records did not reflect that plain radiographs have been obtained, but EMG study performed in 06/12 was reported as a negative study. Based on the clinical data provided, medical necessity is not established for MRI of the right elbow, and previous denials are upheld on IRO.

IRO REVIEWER REPORT TEMPLATE -WC

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Reference:

Official Disability Guidelines elbow chapter, online version

MRI's

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
- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. ([Mays, 2008](#))